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# Medical Economics

SEPTEMBER  
1943



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# R 723.5 A1 m4 *Medical Economics*

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

SEPTEMBER 1943

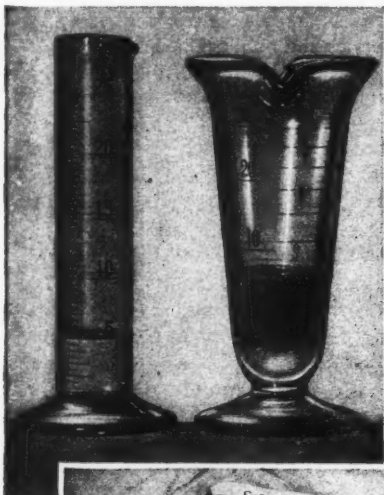
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# HOW SAL HEPATICA INCREASES LIQUID BULK



**T**HE REPUTATION of Sal Hepatica as a mild yet thoroughly effective intestinal cleanser seems to grow brighter with passing time. It has long been known that Sal Hepatica flushes the intestines and initiates peristalsis through creation of temporarily unabsorbable *liquid bulk* in the bowel. New laboratory studies simply corroborate the literature on the "mechanism" of the action of Sal Hepatica salines. For example:

Sal Hepatica in laxative dilution was placed in one isolated canine ileal loop, a cathartic solution in another loop. After one hour in the peritoneal cavity, examination revealed that the laxative dilution of Sal Hepatica had gained 34% in volume, the cathartic dilution 204%.

Sal Hepatica aids in relief of certain types of gastric distress; it exerts helpful choleric properties to promote the flow of bile. Sal Hepatica makes a bubbling, pleasant drink. Literature on request.

← Graduate on left contains 5 cc. of Sal Hepatica solution as placed in ileal loop of dog. Graduate on right shows 6.7 cc. obtained after loop remained in peritoneal cavity for one hour. Inset depicts distended loops of dog's intestine filled with liquid bulk.

## SAL HEPATICA

SUPPLIES **LIQUID BULK** TO FLUSH  
THE INTESTINAL TRACT

Bristol-Myers Company 19-11 West 50th St., New York 20, N. Y.





## A FLARE FOR DURABILITY



Needless to say it is annoying — and expensive — when a plunger, hastily inserted, splits or cracks a syringe barrel. Yet, under the stress of emergencies, it occurs all too frequently. Weeks, perhaps months, of potential service may be lost. This, in turn means extra man-hours and extra materials, needed for replacements — at a time when both are vitally needed for the war effort.

To reduce such occurrences to a minimum, B-D Syringes are flared at the barrel mouth — a flare for durability. This quickly aligns the plunger so it may be pushed home without damage.

This is just one of the six B-D manufacturing details specifically designed to assure the longest possible life of useful, trouble-free service.

**B-D PRODUCTS**

*Made for the Profession*

**BECTON, DICKINSON & Co., RUTHERFORD, N. J.**

# Speaking Frankly

## **The Curse**

I suggest that you try to teach doctors to write—and scientific journals to publish—really concise articles. Wordiness is the curse of 90 per cent of all medical papers.

M.D., New York

*See article beginning on page 67 in this issue.*

## **Hits P&AS**

I am glad to be on your mailing list. Your articles are always timely and to the point.

On several occasions in MEDICAL ECONOMICS I have read about the doctor shortage, and I agree that something ought to be done about it. But here's what happened in my case:

I applied for a commission in both the army and the navy and was rejected on physical grounds. I then applied to a state procurement board for dislocation to some community where there was a potent need for a doctor. The board's answer was that the only places it knew of were in tuberculosis sanatoria, homes for mentally defective children, etc. None of the positions paid more than the magnificent sum of \$250 a month.

I then tried an advertisement in the Journal AMA. The quantity of response was good, but the quality wasn't worth a tinker's dam. All the respondents wanted was someone to do glorified interne work.

In the original questionnaire that the Procurement and Assignment

Service sent out, I indicated dislocation as my number one choice. Never did I hear from the P&AS in response to this. Nor do I know of single colleague who volunteered to be dislocated and who was subsequently called upon.

It would be interesting to hear from other doctors who have offered to serve in shortage areas and who have never been called upon after doing so.

M.D., Wisconsin

## **Birth Control**

I am writing to you as a member of the board of directors of the Passaic County (N.J.) Planned Parenthood Center. Your June issue makes the following statement:

"About a year ago, St. Joseph's Hospital in Paterson, N.J., announced that it would bar doctors connected with any birth control group; but the ban was not put into effect. The Passaic County Planned Parenthood Center had threatened to institute a test case in court."

I wish that this statement were correct; but the ruling at St. Joseph's has been enforced. As a result thereof, I am sending a statement to the Planned Parenthood Federation of America. You may be interested in reading it. Here's what it says in part:

"At least ten physicians in this vicinity have been notified that they will not be accepted by St. Joseph's Hospital so long as they are associ-

# "Specialist"

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### Save time

No waiting for bandages to "soak." Myriads of tiny pinholes through hard-surfaced plaster coating permit instant penetration of water, saturating bandage completely in **only 3 seconds**. Setting time—5 to 9 minutes.

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YOU**

**Standardize on "Specialist" for Streamlined Cast Technique**

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**Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL.

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**OTOZOLE**  
SULFATHIAZOLE-SALIGENIN  
EAR DROPS (HART)

Active Ingredients  
SULFATHIAZOLE 3%  
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in A Propylene Glycol Base

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Useful in the treatment of Acute  
Otitis Media, Otitis Externa,  
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and similar conditions.

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the makers of

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Please send me literature about  
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Drops (Hart), and a complimentary sample.

\_\_\_\_\_. M. D.

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City \_\_\_\_\_ State \_\_\_\_\_

ated with, or endorse, the planned parenthood movement. The ten physicians referred to are all members in good standing of the Passaic County Medical Society.

"At least three of these gentlemen, as far as we know, have never even set foot in our clinic. They merely signed a statement to the effect that they were 'in favor of the planned parenthood movement as carried on by the clinics affiliated with the Birth Control Federation of America, operating under state and federal laws, and in charge of ethical and reputable physicians.'"

Elizabeth H. Saunders  
Paterson, N.J.

**OB Clients**

Some obstetrical patients are naturally honest, they have a small, steady income, but when it comes to paying the doctor for services rendered, they just don't seem to get around to it.

When confronted by people who appear to be in this category, I have them sign a note for the full amount of the service, the amount owed to be paid off over a period of a year.

The note is made payable to my bank; and I endorse it and get my cash. The bank, of course, collects the monthly instalments.

I have found that the average person will pay the bank regularly, even though he might not pay me. I have had to redeem only one note of this kind, and have collected several thousand dollars by the process described.

M.D., California

**Alien Runaround?**

I should like to answer the implication contained in the letter, "Runaway Refugees," in a recent issue,

# Your confidence in Lifetime Baumanometers

*...pays dividends*

With well over 200,000 Baumanometers in use today, it is significant that more than 90% of the 8000 hospitals in the country—as shown by our most recent survey—are equipped with one or more of these dependable instruments. Not only do these figures indicate a flattering professional preference—they present to us an all-important problem of maintenance.

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The new  
**KITBAG**  
model  
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buy a *Lifetime Baumanometer*

by citing my own experience. I am 30 years old, Polish by birth, have received my first citizenship papers, have passed the New York State Board, receiving a license to practice medicine, and have served a fifteen-month rotating internship. Upon completing it I applied for a commission directly to the Surgeon General, Washington, D.C.

I received letters praising my "patriotic desires," I filled out yard-long forms, and in due course took my physical examination. That was last January—I have yet to get any decision despite the fact that the services still need doctors. I am now working in a rural community, feeling that I can accomplish more practicing my profession there than as a private in the armed forces.

It seems to me that every alien physician is eager to do whatever he can for this great country which gave

us hospitality. It is our sincere desire not only to be friends, but to have the privilege of assuming responsibilities and of becoming real citizens of the United States.

M.D., New York

## Telephone Torture

Recently I moved into a war-plant area. My old home had two telephones, but now I have only one and that one is downstairs. I have made repeated efforts to obtain an extension to my bedside, because a doctor near an aircraft plant is subject to frequent night calls. No amount of requesting, even from the aircraft plant, will induce the telephone company to make an exception to the order issued by the War Production Board, which boils down to: "No new extensions for anyone regardless of need!"

The company tells me they'll put

## On the Job—OUR FEMINE "MANPOWER"



### INDICATIONS

Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

Dosage: 1-2 cap. 3-4 times daily.

Supplied: in ethical packages of 20 caps.

OFFICIALS of the War Manpower Commission assert that women today can capably "take over" any man's job, provided it is within their physical powers.

Menstrual aberrations, however, cause frequent absenteeism and loss of efficiency. For the symptomatic treatment of functional conditions, physicians find Ergoapiol (Smith) a highly efficient emmenagogue, in which the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergistically enhanced by the presence of apioi, oil of savin, and aloin.

Its sustained tonic action on the uterus provides welcome relief in many cases—by helping to induce local hyperemia and to stimulate smooth, rhythmic uterine contractions, and by serving as a potent hemostatic agent to control excessive bleeding.

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THE PREFERRED UTERINE TONIC

Ethical protective mark, M. H. S., visible only when capsule is cut in half at noon.



So Outstandingly

Convenient

that the physician may overlook the fact that it is,  
first and foremost, a highly effective therapeutic agent.



## Benzedrine Inhaler

In a Modern Plastic Tube



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In 1-oz. tubes with special applicator; easily removed label.

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THE W. M. MERRELL COMPANY CINCINNATI, O. A.

the single phone any place I want it. However, the frequency of calls during my nonsleeping hours make it impracticable to have it upstairs, and, now—after three or four trips downstairs at night—I become so sleepy that I no longer hear the phone. What can I do?

M.D., California

### *More Travel, Less Income*

Congratulations on your suggestion to the insurance companies about conserving doctors' time by having insurance applicants appear at the physician's office for medical examination, instead of requiring him to go to their homes.

The sad part of the situation is that the companies, with the excuse of saving doctors' time, have raised the amount of ordinary insurance that may be issued by agents without a medical examination, thereby cutting into the examiner's income. At the same time they are chasing him around to examine industrial applications as well as an occasional ordinary application that looks suspicious to the main office. In fact, one large insurance company, as an experiment, is beginning to issue all policies without any physical examination of the applicant.

It seems to me that since the companies are beginning to make inroads on the doctor's income, they should require the leftovers to go to his office.

M.D., New Jersey

### *V-Day Apprehension*

In many communities where new war industries have sprung up, bringing in thousands of workers, we doctors are now busy and prosperous. But let's not forget we face The Day when such industry will be almost





*"The average dose of acetylsalicylic acid is stated at 0.3 Gm.; but three times that dose may safely be given to any excepting an allergic adult . . . Of all the analgesics, acetylsalicylic acid is probably the safest and most efficient, provided there is no idiosyncrasy."*

Journ. A. M. A. Queries and  
Minor Notes, Feb. 6, 1938.



totally shut down. Overnight thousands will go off the payrolls.

Regardless of the demand for civilian goods which will follow the war, there is almost certain to be a critical interlude as industry reorganizes for peacetime production. Industrial workers—even those who have put money by—will not be able to carry on for more than a few months.

Consequently, physicians in these areas are uncertain as to what they'll face when peace comes. It has occurred to me that others who have given some thought to this eventuality might bring forward their conclusions for the rest of us to examine.

M.D., California

### "Chronic Grunters"

I've liked your articles on saving time. But the worst losses of time, I

find, come from something I can't do much about. Chronic grunters—semi-hysterical patients with a large supply of imaginary ailments—are the biggest time-wasters.

In depression years these patients were catered to and babied by doctors who did not have too much work. Now such people seem to be as thick as flies. As soon as you treat them for one ailment they turn up with another.

In some cases, of course, they probably need psychiatric attention. If so, they should be referred to physicians with the time and talent for treating psychosomatic disorders. The trouble is that not all of them will accept this sort of referral. Under the circumstances, about the only thing I do in my own practice is to try to give such patients a polite brush-off.

M.D., New York

# *Treat* RESPIRATORY AFFECTIONS **1** *systemically with..*

## HYODIN

INTERNAL IODINE MEDICATION with Hyodin (formerly Gardner's Syrup of Hydriodic Acid) helps to stimulate bronchopulmonary membranes and promote secretion and liquefaction of mucus. Stable, less toxic, more palatable. Each 100 cc. contains 1.3 —1.5 gm. of hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in  $\frac{1}{2}$  glass water  $\frac{1}{2}$  hr. before meals.

# **2** *locally with..*

## SYRUP AMMONIUM HYPOPHOSPHITE

This demulcent expectorant provides effective soothing relief of local inflammation, makes the cough more productive and less fatiguing. Contains no opiates or sedatives. Each 30 cc. contains 1.05 gm. of ammonium hypophosphite (16 gr. in 1 fl. oz.). Dosage: 1 to 2 tsp. p. r. n.

Together, these preparations provide a potent combination for the treatment of chronic bronchitis, influenza, grippé, common cold, bronchial dyspnea, unresolved pneumonia, and pleurisy.

Both available in 4 and 8 oz. bottles. Samples on request.

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When baby nurses from a Davol "Anti-Colic" brand "Sani-Tab" nipple a similar condition obtains. The firm shoulder of the nipple when resting on the nurs-

ing-bottle, takes the place of the areola of the lactating breast and encourages baby to thrust forward the mandible and feed naturally and vigorously.

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Write for "Bottle Feeding in Relation to Infantile Colic and Malformation of the Mouth", an illustrated authoritative treatise which indicates the importance of correct infant-feeding technique . . . Please address Department M-9.



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CHUCKLING over the funnies . . . disagreeing with an editorial . . . cheering the good news in a headline . . .

Don't think Ed doesn't look forward to settling down with his favorite paper. It's a little privilege, sure—but it means a lot to Ed. The way little things mean a lot to all of us . . . they give us a lift over the rough spots . . . they build morale!

\* \* \*

It happens that millions of Americans attach a special value

to their right to enjoy a refreshing glass of beer . . . with good food . . . in the company of friends . . . as a beverage of moderation after a day's work.

A glass of beer—a small thing, surely. And yet—morale is a lot of little things like this. Little things that help to lift the spirit, keep up the courage. Little things that are part and parcel of our own American way of life.

And, after all, aren't they among the things we fight for?

**MORALE IS A LOT OF LITTLE THINGS**  
(as you, Doctor, know better than most)



Ra  
Co  
Sp

• Fiv  
were  
labor  
"mix  
with  
seme  
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# Rapidly and Completely Spermicidal

• Five accredited vaginal jellies were tested recently under strict laboratory control . . . In 3 sets of "mixing" tests, using 1 part jelly with 2 or 3 parts saline and 50% semen, *Lygel* was found to be completely efficient in spermicidal activity. In "contact" tests, spermatozoa were immobilized by *Lygel* on contact . . . even when diluted

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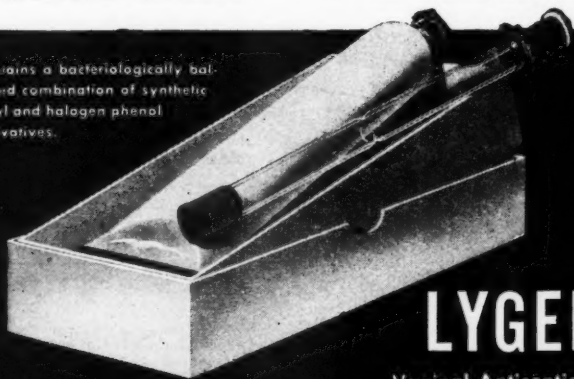
The detailed reports of the tests mentioned are available to you on request, together with a bulletin describing the medicative success of *Lygel* at a prominent hospital.

Here, the effectiveness of *Lygel* was demonstrated forcefully in the treatment of affections of the vaginal tract (including *Trichomonas*) which require prolonged antiseptic medication . . . *Lygel* proved non-irritating, non-toxic, non-injurious . . . and effective in clearing up the condition.

*Lygel* is offered in professional packaging for ethical dispensing and is promoted only through the medical profession.

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3

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**'Microform'  
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'Microform'\* crystals of sulfathiazole—approximately 1/1000 the mass of ordinary commercial crystals—make possible a smooth, magma-like suspension, which ensures:—


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## Correct pH (5.5-6.5)

The pH range of Paredrine-Sulfathiazole Suspension is slightly acid (5.5-6.5) and identical with that of normal nasal secretions. Aqueous solutions of sodium sulfathiazole are highly alkaline (pH 9-10.9).

Paredrine-Sulfathiazole Suspension is strikingly effective, both with adults and children, in the treatment of nasal and sinus infections—particularly those secondary to the common cold. Furthermore, it may often prevent dangerous sequelae, such as pulmonary flare-up, otitis media, pharyngitis, laryngitis, etc.

When a vasoconstrictor alone is indicated—

*Remember*  
**PAREDRIE HYDROBROMIDE AQUEOUS**  
THE NEAREST APPROACH TO THE IDEAL VASOCONSTRICTOR



## the **EXTRA FACTOR** in mucous membrane antiseptics

Should an antiseptic be antiseptic only? Or should mucous membrane medication be only contra-congestive? Can any one preparation have BOTH these properties, yet combined with them the more important characteristic of stimulation of tissue defense mechanism?

The single purpose of most antiseptics is germ destruction. But toxicity to germs of most antiseptics is coupled in much too great a degree with toxicity to membranes—and such toxicity in an antiseptic is especially undesirable when treating infections of the mucous membrane.

ARGYROL provides both antiseptics and decongestion. ARGYROL is protective, detergent, pus-dislodging, inflammation-dispelling. ARGYROL is the *physiologic antiseptic*. Write for book on Clinical Application. Please insist on ORIGINAL ARGYROL PACKAGE in ordering or prescribing.

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# ARGYROL—for physiologic stimulation of tissue defense function

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## *Sidelights*

A recent survey showed that one out of every three drugstore customers now buys a vitamin product. "Obviously," comments a dispensing physician, "the other two merely eat there."



Parachute medical officers returning to private practice after the war may have to hold themselves in check when the patient asks, "Will you drop in tomorrow, doctor?"



A delicate problem of professional etiquette arises these days when a doctor in military service, while home on leave, drops in to see some of his former patients who are now under the care of other physicians.

To avoid such a possibility as perhaps suggesting to a colleague that his work is under critical surveillance, it would seem wise for an officer to refrain from calls prompted merely by casual interest. When the interest is real, it would be a courtesy to mention the projected call to the physician in charge of the case.



An article elsewhere in this issue suggests the need for conciseness in scientific medical papers and indicates how this may be accomplished.

Some scientific journal readers believe verbosity is exclusively the fault of the writers of papers. They overlook the editors who accept and pub-

lish the material. Both are responsible.

In fairness to the editors, however (and we're referring primarily to editors of county and state medical journals), it should be recognized that much of the trouble stems from the way in which they're obliged to operate. Their positions are so constituted that they run up against two recurrent obstacles:

1. It's hard for them to find enough material that combines acceptable content with acceptable, concise presentation. If they attempt to prune the copy where pruning is needed, the author frequently objects.

2. Their time for the work may be limited. Editing a journal is often a part-time endeavor by a man who receives little assistance from the impressive list of editorial board members included on the journal's masthead.



The fact that ancient tribal systems of medicine still exist in many parts of Asia is not surprising. Far more astonishing would be the number (if it were obtainable) of otherwise intelligent Americans who, rather than call a doctor, still try some "cure" handed down by Grandma Whiffletree.



Doctor shortages are where you find them. Although a good many war-bloated areas report a painful scarcity of medical men, with over-



## FOR THE RED BLOOD CELLS

The essential raw materials needed for red bone marrow regeneration are supplied when you prescribe **VITAMIN B-COMPLEX plus LIVER plus IRON** for your anemic patients.

Each fluid ounce of **HEMO-VITONIN** (Vitonin with liver) supplies liver concentrate equivalent to 50 Gm. fresh liver, 0.42 Gm. (6- $\frac{1}{2}$  grains) colloidal iron peptonate, 218 U.S.P. units Vitamin B<sub>1</sub> (thiamine), 340 gammas Vitamin B<sub>2</sub> (riboflavin), 220 gammas Vitamin B<sub>6</sub> (pyridoxine), 8 mg. nicotinic acid and 1.2 mg. pantothenic acid in a highly palatable base containing 14% alcohol.

Recommended Dosage: For adults 2 teaspoonfuls 3 or 4 times per day; for children, half the adult dose.

Available in 8 oz. and gallon bottles.

**BUFFINGTON'S, INC.**  
Worcester, Massachusetts



work chronic among the few still left, other districts are to be found where just the reverse is true. This situation (see also August M.E., page 4) occurs generally in a community whose population has declined more than has the number of its physicians.

A case in point is Scranton, Pa. Although recent investigation there disclosed the fact that 37 per cent of the membership of the Lackawanna County Medical Society has joined the army or navy, there was said to be no particular shortage of medical men. The reason was that some 40,000 of the townspeople had moved from the district since the time, a few years before, when the local coal mines began to give evidence of being worked out. Many of these people in recent months had been absorbed by war-production plants.

A Scranton doctor interviewed by this magazine remarked on the unhappy paradox that had resulted. National publicity to spare the doctor's time, he said—far from helping the practitioners of Scranton and towns like it—had redounded to their loss. Patients who had been asked not to call their doctors except in cases of acute need, he claimed, had taken the advice; thus, the Scranton profession was being forced to sit back and twiddle its collective thumbs.

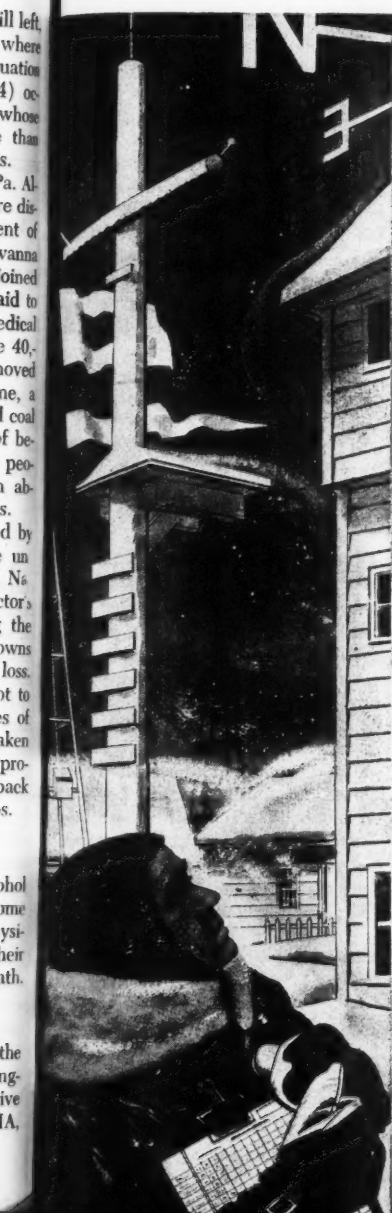


Yale now has a School of Alcohol Studies. When class reunions come around, Old Eli's graduate physicians mustn't be surprised if their alma mater tries to smell their breath.



Dependable sources reveal that the question of establishing a Washington office is still being given active consideration by officers of the AMA,

# WATCHMAN, WHAT OF THE WINTER?



• In temperate zones, laymen and meteorologists alike know that winter brings foul weather and a tremendous increase in colds and similar disorders of the upper respiratory tract.

Moreover, if last year's record<sup>1</sup> may be regarded as characteristic, the weekly incidence of colds this winter will rise from a July minimum of about 6,500,000 to around 21,000,000 in mid-February.

As the number of colds increases, working efficiency declines. It has been estimated that one-half of all work-time lost in war industries as a result of illness is lost because of the common cold. Thus, during a single four-week period in mid-winter, colds accounted for the loss of approximately 1,600,000 man-days of work in war industries alone.

Fortunately, the incidence and severity of colds may be considerably reduced by oral administration of antigens derived from bacteria believed responsible for the severity of the symptoms and duration of the disease. 'Vacagen' Oral Cold Vaccine Tablets are exceptionally effective. Each provides the water-soluble, antigenic derivatives of approximately 60,000 million organisms of ten different types associated with infections of the upper respiratory tract:

<i>Pneumococcus* (Diplococcus pneumoniae)</i> .....	25,000 million
<i>Streptococcus**</i> .....	15,000 million
<i>Influenza bacillus (Hemophilus influenzae)</i> .....	5,000 million
<i>M. catarrhalis (Neisseria catarrhalis)</i> .....	5,000 million
<i>Friedlander bacillus (Klebsiella pneumoniae)</i> .....	5,000 million
<i>Staphylococcus (aureus)</i> .....	5,000 million

\*Types 1, 2 and 3

\*\*Hemolytic, non-hemolytic and viridans

The fresh antigens, extracted from living bacteria, are rapidly frozen, dehydrated under high vacuum, and made into enteric-coated tablets for oral administration.

'Vacagen' Oral Cold Vaccine Tablets are supplied in bottles of 20, 100, 500 and 1,000. Sharp & Dohme, Philadelphia, Pa.

**'VACAGEN'**  
ORAL COLD VACCINE

1. Gallup, G.; American Institute of Public Opinion Survey, February, 1943.

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Bowel Function  
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WATER RETENTION  
AND LUBRICATION**

A constructive means of restoring normal intestinal spasm through a safe, non-irritant preparation of concentrated vegetable mucilloid made from *Plantago Ovata*.

Particularly recommended for catarrhal colitis and functional disturbances caused by colonic stasis.

*Write for clinical test samples and literature.*

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**PROTECT** *Babies*  
*From* **SERIOUS FALLS**



**GUARD  
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**BABEE-TENDA** *Safety Chair*

For generations high chairs have tipped over causing serious or fatal accidents. The **BABEE-TENDA** Safety Chair (patented) eliminates this hazard. IT IS LOW and can't be tipped or pushed over like a high chair. A Safety Halter Strap positively prevents babies from climbing out. Folds compactly for travelling, can be used outdoors. Is highly endorsed by Pediatricians because it **PROTECTS** babies from injuries. Sold only direct to consumers.

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and that a decision may be reached by October.

A resolution requiring the Board of Trustees to open such an office for the purpose of maintaining contact with Congress on matters affecting the profession was voted down at the last annual meeting of the House of Delegates. It is now explained that the vote was against the mandatory feature rather than against the issue itself. In any event, authority is still vested in the board of trustees to establish an office if they think one desirable.

Our listening post reports that officers of the AMA are not divided on objectives, but do disagree as to whether the proposed office would provide the best means of accomplishing them. It is pointed out that no matter what the office were called, or how it were conducted, it would still be tagged as a lobby of the medical profession, with all the drawbacks that that entails. Isn't it better to use the indirect rather than the direct approach? AMA headquarters asks. Isn't the AMA accomplishing now, by subtler means, all that could be expected of a Washington office?

AMA officers say they are open-minded on the subject though inclined to believe, after prolonged consideration, that direct action in the form of a Washington office would not produce advantages sufficient to outweigh its handicaps. Meanwhile, the point to remember is that the issue is not completely dead by any means. It *may* be revived.



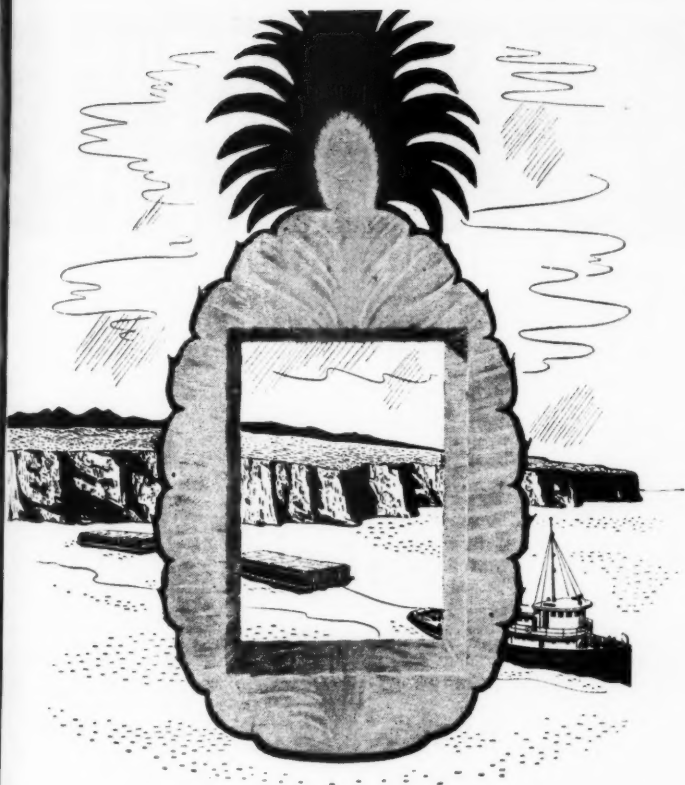
To save wartime shortages, hospitals are swapping equipment. A doctor who likes the idea claims to know a head nurse who is worth her weight in bedpans.

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**Tugboats are still towing barge loads of pineapple from the Dole island of Lanai to the Honolulu cannery. But, as you probably know, a large part of the fruit and juice we pack is going to the Armed Forces.**

**However, we are planning and planting for the future — when you will be able to buy all the Dole Pineapple and Juice you want.**

**HAWAIIAN PINEAPPLE PRODUCTS**

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# THE ARTHRITIC PATIENT IS MORE RELAXED

*"Without question their effect (the salicylates) in lessening pain and muscle spasm is of importance in that it permits the patient to relax and rest."*\*

## Salici-Vess

presents an agreeable as well as effective form in which to combine the analgesic, antipyretic effects of salicylates with sodium iodide • Alkali buffers in an effervescent solution assure maximum tolerance and hasten absorption • Salici-Vess is also prescribed to advantage in colds, influenza, sinusitis • In convenient tubes of 30 tablets.

*Write for full descriptive literature.*

*\*Tabern, D.L.: Clin. Med. & Surg., Progress in Arthritis, (Jan.) 1931.*

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*That is the amazing record of Albert Vragel, Bausch & Lomb Emery Department foreman. This spirit, in the hearts of millions of America's war workers, can go far to hasten the hour of Victory.*

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Building optical instruments is a job for skills built on experience. Bausch & Lomb has the skills, and the experience. Albert Vragel, emery expert, is one of 39 men and women who, with 50 years or more at Bausch & Lomb, have helped America through three wars. They are part of the organization known as the Early Settlers—the Bausch & Lomb 55-year-service club—with 518 members. Such experience is irreplaceable today. It indicates why Bausch & Lomb was ready, when war clouds gathered over Europe, to supply the United Nations with the optical

instruments of war. It provides the “know-how,” too, to meet ever-increasing production demands, by training thousands of new workers . . . for our own plant and plants of other manufacturers, to whom we have made available Bausch & Lomb specifications, methods and experience for certain military optical instruments.

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**NOW MORE THAN EVER  
BUSY DOCTORS APPRECIATE  
THIS SENSIBLE SKIN AID!**

**W**ITH MORE and more doctors going away to war, those carrying on at home are busier than ever—on their feet longer, washing their hands oftener, swamped with work that frequently contributes to uncomfortable, irritated skin.

Surveys show that scores of busy doctors use Medicated Noxzema Skin Cream for rough, chapped hands, painful sunburn, chafed skin, tired, burning feet—and also as an aid to shaving; for Noxzema used before lathering or as a brushless shave, softens tough beards and helps protect sensitive skin.

Noxzema is finding its place in the care of patients, too, as a soothing body massage, and to relieve and help heal sheet burns, rough, dried-out lips after anaesthetics, minor burns, babies' diaper rash and many other types of externally-caused irritations.

Noxzema is greaseless, non-sticky; does not stain clothes or bed linen. It is a modernization of Carron Oil, fortified by the addition of Camphor, Menthol, Oil of Cloves and less than  $\frac{1}{2}\%$  of Phenol in a greaseless solidified emulsion. Its reaction is slightly alkaline—the pH value being 7.4.



(British Soldiers)



—British wartime advertisement

**CHEERY**, nourishing Guinness **STOUT**—brewed in Dublin, Ireland, since 1759—is getting increased attention from doctors in America, where it has been used for over 100 years. A test survey has indicated its growing use in conditions which include anxiety states, insomnia, pregnancy and lactation, underweight, and malnutrition.

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Ask for any or all of these professional bulletins:

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6. File card, showing analysis and indications
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**WRITE TO:** American Correspondent, A. Guinness, Son & Co., Ltd., Dept. ME-312, 501 Fifth Ave., New York, N. Y. (Sole Dist. for U.S.A., G. F. Heublein & Bro., Hartford, Conn.) GU 312M

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# ANNOUNCEMENT

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NEO-SYNEPHRINE SULFATHIAZOLATE—for topical treatment of colds and sinusitis—is available in 1-oz. (with dropper) and 16-oz. bottles as a 0.6 per cent solution in a buffered, approximately isotonic vehicle.

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## Neo-Synephrine Sulfathiazolate

combines powerful vasoconstriction  
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stable chemical compound

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and the bacteriostatic action of sulfa-  
thiazolate.

The worth of this new product can be  
judged from the fact that the therapeutic  
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Neo-Synephrine Sulfathiazolate provides

the same fast, sustained decongestion of  
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dom from undesirable side effects—com-  
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Neo-Synephrine Sulfathiazolate provides  
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new tool for the alleviation of symptoms  
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CHEPLIN'S PHENOBARBITAL SODIUM is supplied as sterile solution in ampules and as sterile powder in rubber-stoppered vials—assuring complete asepsis. Its solubility makes it suitable for subcutaneous and intramuscular injection,

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**PHENOBARBITAL SODIUM is supplied as POWDER in:**

1 gr., 2 gr., and 5 gr. vials

**STERILE SOLUTION in:**

2 gr. in 2 cc. ampules and  
5 gr. in 2 cc. ampules

**"ACCEPTED  
STANDARDS AT  
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# Editorial

## Damn the Torpedoes!

Organized medicine is pinning high hopes on the AMA's new Council on Medical Service and Public Relations (see article about it in this issue). From AMA President James E. Paullin to the smallest county medical society committeeman comes the wish—often the expectation—that the new council will emerge as medicine's savior, delivering it from the threat of bureaucratic domination.

Maybe it will. But it will have to work fast. Events foreshadowed in Washington have a way of culminating with blitz-like suddenness.

There's no evidence at this writing that a state medicine program of the Wagner-Murray-Dingell type (see August MEDICAL ECONOMICS) will be steamrolled through Congress within the next few months. On the other hand, there's no evidence that it won't. Only God and the President know what's up the Administration sleeve; and in this case merely putting our faith in the Lord isn't enough. We must also remember that He helps those who help themselves.

If the Council on Medical Serv-

ice and Public Relations proceeds at its announced pace, its plans and proposals will not be forthcoming until the House of Delegates meets again in June 1944. This raises several cogent questions that call for an answer:

*Must* the council take nine months to give birth to its recommendations?

If prompt results are possible only by making a substantial outlay for additional personnel and facilities, isn't it worth it?

If an interim meeting of the House of Delegates is needed to pass upon the council's recommendations, is there any good reason why one cannot be held?

The moral of "too little and too late" should not need repeating. Nor should the historic remark of the rubber czar about cutting red tape in an emergency, bulling through as well as possible, and not waiting indefinitely to develop the ideal solution. Instead of the watchword, "Action in '44," the AMA council might better adopt Admiral Farragut's battle cry: "Damn the torpedoes—full speed ahead!"

—H. SHERIDAN BAKETEL, M.D.

# INDEX AS YOU READ!

*Here's a fast, simple method of  
assembling a permanent file*



You're preparing a paper on pneumonia. Suddenly there comes to mind a dim recollection of an article on the subject—one which appeared some time ago in one of the medical journals. But which journal? And how long ago? Two months? Six months? Or back in 1942?

You turn to your accumulation of old issues and start a systematic search; surely it must be in one of them. But after a precious hour and forty minutes have slipped away, you abandon the hunt—cussing your poor memory. As a matter of fact, your memory isn't at fault; it's the lack of a simple indexing method that has caused the loss of time.

Most of us shy away from complex indexing systems. But here's a simple procedure by which you can permanently index a medical article in a few seconds. And once set up, the system becomes the key to a storehouse of information—a ready-reference repository for all the nuggets of knowledge you come upon in medical journals, pamphlets, and books, as well as the notes you make at meetings and conventions.

The whole job can be done by

*indexing as you read*—using the easiest and most practical form of index: subject matter in alphabetical arrangement. The following example illustrates how this would work in actual practice.

In a copy of the Journal AMA you find an article, "The Nearer Causes of Cancer," and discover that it is of permanent value to you. To index it, you need only jot down the following on a card:

Cancer—Etiology  
Rous, Peyton  
Nearer Causes of Cancer.  
JAMA 122:573, June 26, 1943

That's all there is to it: subject, author, title, plus the publication's name, volume (122), page (573), and date of issue. It will take you less than a minute to make the entire notation; yet you now have a permanent record. In the same way, a pamphlet or a book, or a chapter of a book, can be indexed as it is read. These notations can be made anywhere, anytime.

Naturally this method involves preserving your magazines. Perhaps you already do this, having

em bound periodically. But if you lack space, or prefer to discard back issues after a certain length of time, you can still index as you read—and preserve only those parts of the magazine which you want.

In such an event, you dispense with the use of the 3" x 5" cards. Instead, your index notation is made in the magazine itself—in the margin of the page on which the article starts. Then, when you are ready to discard the rest of the magazine, you merely tear out the desired page and file it in a regular vertical file—the folders of which are alphabetically arranged by subject headings; in other words, a carder for each subject.

Using this "tear sheet" method, your index notation on a cancer article would be:

#### Cancer—Etiology

JAMA June 26, 1943

Volume number and page number can be omitted—unless there is good chance that they may some day be needed as footnote references in a manuscript. The printed tear sheet itself naturally carries the author's name and the title of the article. Source and date of issue, however, should be recorded on any tear sheet unless the printed matter already includes these references.

In using the tear-sheet method you may occasionally have to clip a page which carries another important article on its reverse. In such case, jot down on a letter-size sheet of paper the subject heading of the second article, together with

its title and author's name. Also note thereon where the actual tear sheet is filed—that is, in which folder. Then file this paper exactly as if it were a tear sheet.

Both the card index and the tear-sheet index have certain advantages. For instance: The card method enables you to index articles and books you happen upon in browsing through a medical library or public library. On the other hand, notes or abstracts made at the library (or at a convention), as well as trade literature, public-health bulletins, and the like, can all be readily filed in the tear-sheet folders. Books naturally have to be indexed by the card method. Printed abstracts can often be pasted onto the cards. So, all things considered, you may decide to use both methods—and the combination is often the wisest plan in the long run. It is advisable to examine the subject-matter indexes at your local library before setting up your own. As a general rule, librarians welcome a chance to explain the use of an index; and most of them can be counted upon for useful suggestions and advice.

Subject-matter indexing calls for a sound plan of assigning proper subject headings. You can readily see that an index would soon become worthless if one article were indexed as "Conjunctivitis" while another on the same subject were filed under "Eye Diseases." So before you start to index as you read, obtain a comprehensive list of subject headings. [*Turn the page*]

For the purposes of the average general practitioner, the subject index of the Journal AMA, which appears therein three times a year (at the end of April, August, and December), will serve nicely as a list of subject headings. In most medical journals devoted to special practice, a yearly index is available, and specialists may find it a helpful adjunct to the JAMA index. A physician whose reading is extensive, and who wishes to build up a good library of his own, will do well to obtain the "Quarterly Cumulative Index Medicus: Subject Headings and Cross References"—Second Edition (AMA, Chicago: 1940). An index based on this work can hardly go wrong. (Also, the "Standard Nomenclature of Disease," which most doctors own, has an excellent index which can be used as a subject-heading guide.)

Always be as specific as possible. "Heart Disease," for instance, is a perfectly good subject heading for certain *general* papers on the subject; but data on specific diseases, such as angina pectoris, should be filed or indexed under their *specific* names. Always avoid the use of such subject matter headings as "Miscellaneous," or "General Medical." When in doubt, let your subject list be your guide; or ask the advice of any good librarian.

Obviously many subjects will require subdivision. Here again your subject list is an indispensable guide; follow it closely in subdividing your subjects.

If an article covers two or more subjects, multiple indexing becomes imperative. Such an article would naturally be "prime-indexed" under its key topic. Using the card index, cards would be necessary for each additional subject; using the tear-sheet method, memorandum notations should be filed under each additional topic, indicating how the article is prime-indexed.

Cross references—which may at first seem a little troublesome—are an important feature of any good index. There are two types: the "See" reference and the "See Also" reference. The "See" reference enables you to simplify your indexing; for example: Instead of having folders for both "Adrenalin" and "Epinephrine" (terms that are often used interchangeably), you need only an "Epinephrine" folder. Under "Adrenalin" you would have merely a tab reading, "See Epinephrine."

The "See Also" reference enables you to find quickly other subjects closely allied to the one which, at the moment, you are looking for. For instance: Your "Industrial Accidents" folder would carry a cross-reference reading "See Also Workers' Compensation."

In general: Don't try to index too many articles; select only those which have a definite importance to *you*. Leave the details of indexing to your secretary; but do trust the selection of articles or the assignment of subject headings to the average office girl.

—LAWRENCE MIDDLETON



# AMA Council Promises Action On Crucial Problems

*Innovations expected in medical  
service and public relations*



head of the AMA offensive against state medicine is its new council on Medical Service and Public Relations. The council met in Chicago in July to complete its organization. At the same time, arrangements were made for a mid-year September meeting at which the basic program of action would be decided upon.

The potential impact of this program on medicine may be inferred from the duties imposed upon the council. These are:

1. To frame an adequate program of medical service on a national scale without the drawbacks of a compulsory insurance system;
2. To organize a public relations service that will promptly inform the profession of legislation hostile to private medicine;
3. To conduct a judicious information service that will close the gap between the profession and the public and develop a better understanding of their joint interests.

The charge has been made that the formation of the Council on Medical Service and Public Relations was merely a sop tossed to those who tried in vain at the June meeting of the AMA House of

Delegates to get the association to establish a public relations office in Washington. Sources close to the council deny this emphatically: "The council is no front," they declare. "Let anyone who thinks so disabuse his mind of the idea. The present situation is altogether too critical for us to temporize with it. A tremendous job lies ahead, and the council is committed to discharge it. If a satisfactory program can not be devised by the present council, it will be supplanted by another one. Meanwhile, let's give the benefit of the doubt to the men now working on the problem; we know that they're attacking it energetically and conscientiously. Important results for American medicine should follow."

Has the council been given the facilities and freedom of action to do a truly effective job? Its members believe it has. They say its powers are broad enough to permit it to take whatever steps may be necessary. While the resolution establishing the council provided that it shall use in its investigations the personnel of the legislative, economics, and public rela-

[Continued on page 170]



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## PARADOCTORS

he army calls them parachute medical officers. The public terms them "paradoctors." Historians may know them as the pioneers of a new branch of military medicine—which, indeed they are.

Call them what you may, there's no denying the fact that they're

honest-to-God adventurers: aggressive, physically-fit, rigorously-trained. A number of them have already seen action on our far-flung battlefronts.

At Fort Benning, Ga., where they are trained, one can get a rough idea of what it takes to get





*Jump-training from platforms is fundamental in schooling parachute doctors. Their physical conditioning includes calisthenics, running, rope climbing, tumbling, boxing, wrestling, hand-to-hand combat, and body coordination.*

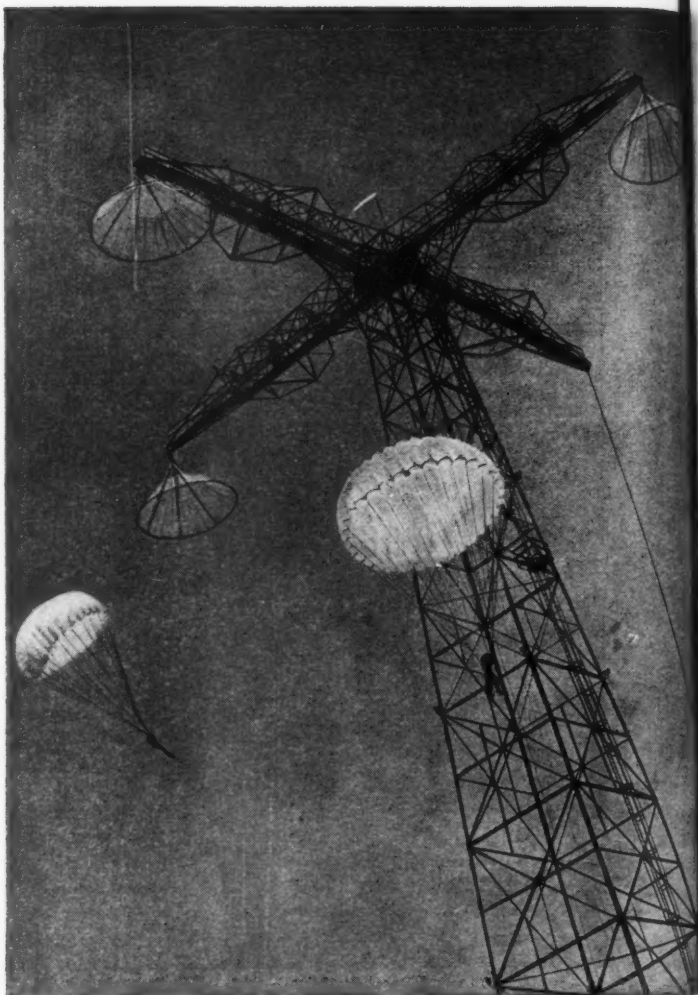
into this hazardous branch of the service. To qualify, a man must meet special physical specifications in addition to the usual requirements for army medical officers. He must measure between five-foot six and six feet in height, and must weigh between 150 and 185 pounds. A tall man might have trouble getting through the door of the plane when jumping; a short man might not have strength to handle substantial loads of equipment; a heavy man might

blow the panels of his parachute when it opened; a thin man would have difficulty in tumbling.

The training course lasts four weeks and covers four basic subjects: parachute packing, jump training (from platforms), tower training, and qualification jumping (from planes). Physical conditioning is an all-important phase of the course. Special emphasis is placed on developing a sense of balance; this is accomplished through the use of a contraption

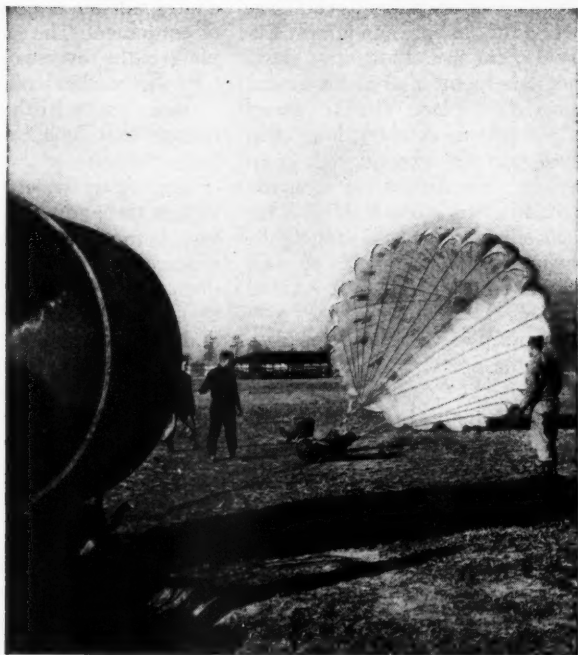


Major W. W. Moir, Jr., parachute medical officer, who has been awarded the Distinguished Service Cross and the Order of the Purple Heart for his bravery in action during the fighting in North Africa. This branch of the service appeals to young medical officers eager for action. It offers chances for rapid advancement and good pay—including a bonus of \$100 a month.



*A paradoctor makes his first jump from the free-chute tower, 250 feet high. At the outset of this phase of the training, he uses a cable-controlled chute to become accustomed to the opening jerk of the canopy. After a few days, he jumps from the free-chute tower, drifting earthward with the wind.*

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*This portable wind machine kicks up a 45-mile-an-hour gale. The chute measures 28 feet in diameter. Landing is similar to an ordinary jump from a height of 4 to 6 feet. Each parachutist carries a reserve chute—just in case.*

called a "trainasium," a maze ofadders and steel bars thirty feet high—a super-version of the "jungle-gym" apparatus usually found in children's playgrounds. The paradoctor, no less than the paratroops under his care, must learn to walk and climb all over this contraption.

During the first two weeks, the parachute medical officer studies how to pack and inspect his chute, how to absorb landing shocks, how

to guide his descent, how to acustom himself to the sensation of falling through space. To teach these fundamentals, the army uses trolley-suspended harnesses and jump platforms outfitted with transport-plane doors. Not until the third week does actual parachuting begin—and then only on training towers, huge 250-foot structures similar to the one operated at the New York World's Fair. [Turn the page]

Climax of the training comes in a series of qualification jumps. Every day for five consecutive days, the paradoctor makes an actual jump from a plane. The men go up in plane-loads of about fifteen, in charge of an experienced jump master. The first jump is made from an altitude of 1,500 feet, with succeeding jumps at lesser heights. Critical appraisal is made of each jump, and the parachutist is rated on his technique.

Comes, finally, graduation day, when the doctor receives the Silver Badge of Courage and assignment to a tactical parachute unit. (The medical detachment of a parachute regiment consists of eight doctors, one dentist, and sixty enlisted men.)

The paradoctor usually acts as jump master of the plane to which he is assigned. As such he is responsible for choosing the exact spot at which a jump is to be made.

This must be decided well in advance of the projected flight by the use of maps and aerial photographs, and is worked out in cooperation with the plane's pilot. The paradoctor is also responsible for packing whatever medical equipment is to be dropped by separate chute.

Parachutes are generally issued and fitted a day prior to a maneuvers' flight. (At present, specially-trained riggers pack all chutes; formerly, each parachutist packed his own.) Before the planes are to take off, the doctor assembles the men assigned to him, inspects all

chutes, and supervises the loading of equipment. The men board the plane in the reverse order of jumping, the medical officer hopping aboard last—which means, of course, that he'll be the first to jump.

Nearing the objective, the pilot signals the jump master five minutes before jump-time. The men are ordered to "hook up." The paradoctor makes a last brief inspection, hooks up his own static-line, and takes his place at the door of the plane. When the plane's position, altitude, speed, and direction are right, the pilot gives the signal to jump. Ordering his men to "Stand to the door!" the doctor jumps, followed immediately by his contingent.

On landing, men and equipment must be assembled, and any parachutist injured in landing must be given first aid. As the unit heads for its objective, the doctor leads the enlisted medical men. Here he must exercise his knowledge of cover, concealment, and camouflage; and he must, of course, render whatever first-aid is needed as the troops advance. Once the objective is taken, he must set up a first-aid station to take care of casualties. Obviously, the wounded cannot be evacuated until transport planes can land somewhere in the captured area.

A striking example of medical achievement is that of a British parachute unit in the Tunisian campaign. This team of surgeons, completely equipped with everything that a field ambulance



would carry, was dropped by parachute with a force of operational troops.

So well trained and equipped was this team that the surgeons were able to attend to nearly all surgical casualty cases right on the battlefield—eliminating the need for the numerous redressings which are usually necessary before a wounded man can be transported

to a hospital back of the firing lines.

The team performed 140 operations of all kinds including six abdominal ones. In the latter group all the wounded men came through safely. In the first world war conditions were such that only 50 per cent of the soldiers wounded in the abdomen survived.

—PRENTISS SMITH

## Anything Goes in Baluchistan

Unless you're a Moslem "of satisfactory morality," unless you possess a knowledge of Arabic, and unless you're under 45 years of age, don't expect to practice medicine in the kingdom of Hejaz or the sultanate of Nejd. These two sections of Saudi-Arabia demand that physicians fulfill such licensure requirements.

This nugget of information and some others like it embellish the contents of an extraordinary little volume called, "Laws (Abstract) and Board Rulings Regulating the Practice of Medicine in the United States of America and Abroad," published by the American Medical Association. The latest edition (1933) is now out of print, and World

War II has probably changed some of the regulations, yet many of them as given make good after-breakfast reading.

Take the Republic of Panama, for example. There, a physician is legally obliged to render medical services at any hour of the day or night when requested. Failure to do so is punishable by a fine of from ten to twenty-five dollars.

In Baluchistan or on the island of St. Helena, by contrast, the physician has few legal hurdles to jump. In fact, there aren't any laws governing the practice of medicine in those two places.

In Monaco, famed for the gaming rooms of Monte Carlo, it's a matter of first-come, [Continued on page 168]

# Alice Hamilton: Pioneer in Industrial Medicine

*Her extraordinary career has saved  
the lives of countless workmen*



"There are two kinds of people: the ones who say, 'Something ought to be done about it, but why should it be I?' and those who say, 'Something must be done about it, then why not I?'"

If Alice Hamilton's career was keynoted in her childhood, it was probably by this attitude of her mother, an extraordinary woman who could blaze out, even in her old age, at police brutality, the lynching of Negroes, and child labor—but mostly at the ignorance which made cruelty and callousness not only possible, but often respectable.

And, strangely enough, she was not a revolutionist or a radical. A gentlewoman born, she reigned over the servants and the solid comforts of a great ancestral home in Fort Wayne, Indiana, and it was in such surroundings that Alice, a future pioneer in industrial medicine, was raised. Fort Wayne then was a pleasant, tree-shaded little city, quite alien to the sordid factory slums of the seventies. But as Alice grew, her mother's scorn of provincialism had its effect, and the youngest decided rather early that a degree in medi-

cine was to be her passport to the outside world, even though it were a world reputed to be peopled by "dagoes and hunkies and greasers" who firmly refused to wash, and managed somehow to attract all manner of disease simply by drinking whiskey.

It must be admitted that Alice Hamilton's primary objective at that time was to see the world; what her particular mission in it would be she left to time and circumstance. But then, one fateful evening, the great Jane Addams came to speak in the local Methodist church about slums and her settlement work. Alice listened and was captivated; medicine was to be her career, and the slums her sphere of activity.

But even in those days a residency in the famous Hull House was hard to achieve, and it wasn't until Alice had become Dr. Hamilton (she studied here and in Germany), and had spent almost a year in Boston, that she was called to teach pathology in the Woman's Medical School of Northwestern University, and was invited to join Miss Addams in the work of Hull House. Her early duties there

were humble enough, she confesses in an autobiography recently published by Little, Brown. She had practically no training in pediatrics, but she started a new well-baby clinic. Actually her treatment consisted of bathing—and advice. The bathing went well enough, although most of the youngsters found it a novelty, and she was able to compromise with Italian mothers on the issue of water vs. olive oil. But in an advisory capacity she was on less solid ground. Her only infant diet consisted of milk—nothing but milk until the baby's teeth came. Today Dr. Hamilton, observing modern women feeding infants everything from bananas to bacon, confess that the "ignorant" mothers of those early days may have known what they were doing.

It was inevitable that Dr. Hamilton, in her settlement work, would come into contact with workmen. And meeting them was not always pleasant. "Phossy jaw," an agonizing disease induced by phosphorus; lead poisoning; pneumonia; rheumatism—these and other diseases were rampant in the factory districts.

Management either refused to recognize that these maladies were of industrial origin or denied that they existed at all. Labor was drawn from the hordes of uncomplaining immigrants then arriving from Europe; men were easily replaced. Factory sanitation didn't exist, industrial medicine was practically unheard of. If a physician was foolish enough to accept fac-



*Dr. Alice Hamilton*

tory employment he lost caste—he was a "contract doctor."

But Dr. Hamilton's interest and indignation, which soon attracted the attention of other humanitarians, were bound to bear fruit in the long run. Eventually Governor Deneen was persuaded to appoint her to the Illinois Occupational Disease Commission for the year 1910. Incredibly, the country did not boast at that time of a single technical expert who could assist her in her work. Undaunted, with a staff consisting of twenty young and inexperienced doctors, medical students, and social workers, Dr. Hamilton began her lifelong fight against industrial poisons. Her first foes were arsenic, brass, carbon monoxide, the cyanides, and turpentine. It was a small but gallant start, for that brief list today wouldn't cover the poisons of

the house painter's trade alone.

Since there was little published data on industrial poisoning, at least in this country, Dr. Hamilton soon found herself a detective, as well as a crusader and a medico. Tracing the source of lead poisoning—which was her Public Enemy No. 1 at that time—was not always easy. Often the menace was found in the open; Dr. Hamilton sometimes watched men who had been shoveling white lead all morning eat lunch without bothering to wash their hands. Some of the factories were dreadful, without any control of even the most obvious dangers. In others, particularly plants where lead was used in processing material, the peril was not so obvious, and in them even stricken employees were sometimes of little help.

But bit by bit Dr. Hamilton traced the poison to its source. When she did, and was unable to convince management of its responsibility, she sometimes resorted to wire-pulling, often with good effect.

These investigations, and the safeguards which eventually followed, resulted in many preventive measures now in general use. Impressed by the results she got, a Federal agency commissioned her to explore other fields, and the doctor branched out into investigation of the solvents, the war industries of 1917, the smelters and steel mills, the foundries and potteries, always searching relentlessly, implacably, for undiscovered dangers to workmen. A practical

study of factories from the inside enabled her to devise safeguards which would be acceptable to both management and labor. When strikes were brought about by inhumane working conditions she often joined the workmen in their picket lines.

A vice president of a great lead company became incredulous and indignant when she told him that his men were being poisoned by dust, litharge, and fumes.

"Bring me proof of that," he told her, "and I will follow all your instructions, even to employing plant doctors." Dr. Hamilton gave him the proof and he was even better than his word, for he installed protective devices and complete medical departments in every plant the company had in Illinois.

Some firms, notably the Pullman Company, adopted equally vigorous measures when the existence of dangerous or unhealthful conditions was brought home to them. But such companies were the exception, not the rule.

Being on friendly relations with army authorities, Dr. Hamilton visited arsenals as freely as she did the most cooperative private plants. But the navy was more difficult. When she suggested to an admiral that she'd like to look into the mine-loading departments of navy arsenals she was met with the polite rejoinder that it was quite unnecessary. The navy, it seemed, had no cases of TNT poisoning. This seemed inconceivable in the light of Dr. Hamilton's experience,

[Continued on page 141]

## Clever Window Treatments Help 'Make' the Doctor's Office

*Combine beauty and utility in planning your draperies and blinds*



Nothing takes the place of natural light and sunshine in making an office or waiting room cheerful. Hence the trend is away from heavily curtained windows and toward a combination of uncurtained glass, full-length draperies, and blinds.

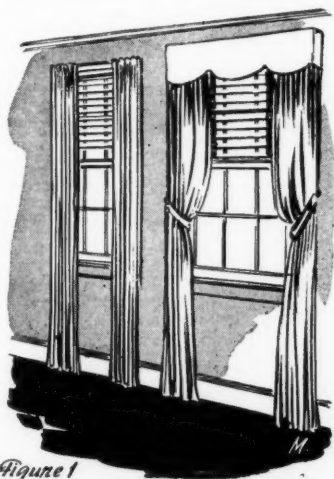
Draperies offer endless possibilities for bringing dignity, charm, and color into a room. They can be made to unify its whole color scheme, to disguise or transform poorly balanced or awkwardly placed windows. Take the window that is unpleasantly tall and narrow. It can be made to appear shorter and wider by placing a deep valance across its top and extending looped-back draperies beyond the sides of the window frame. The new pleasing effect (Fig. 1) can be enhanced by the use of fabrics with bold horizontal stripes or unusually large patterned figures.

Conversely, if a window is too wide, you can increase its apparent height by placing a valance well above it and using draperies with a discreet vertical stripe.

Generally you'll have to trust your eye in determining whether

a window is correctly proportioned; there are no standards of symmetry or "average" windows.

Sometimes several windows in a room vary in height. Often they can be "leveled off," or at least brought into better proportion, by



*Figure 1*

*Left: If a window is narrow and tall, its poor proportions are exaggerated by this type of treatment. Right: A cornice or valance "lowers" height. Draperies, extending out over the wall, make the windows seem wider.*

the use of valances or window cornices. (The latter are decorative, canopy-like fixtures, usually of wood or glass, which are placed across the top of the window frame to conceal drawn-up shades or blinds.)

A small window set high in the wall (sometimes called a "half window") calls for special treatment, for any attempt to make it look like a smaller version of the other windows may give it a chopped-off appearance. Better dispense with the draperies; instead place a potted plant on the sill. This gives the pleasing effect of a still-life painting. Another special problem is the window with a rounded-arch top. Draperies for it must be cut and finished to fol-

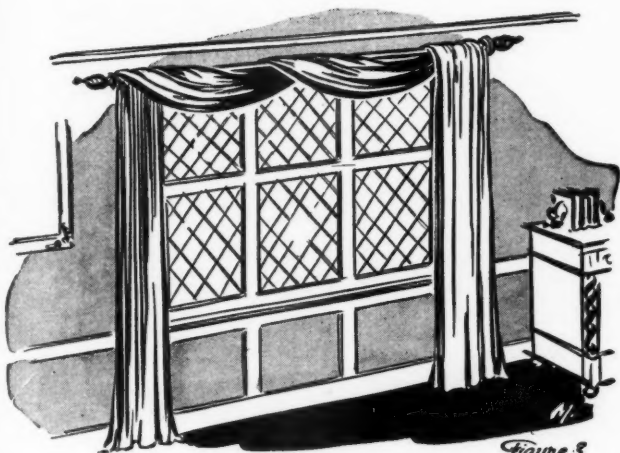
low the contour of the arch and fitted on a curved rod.

Quite often a narrow reception room has two long, narrow windows set fairly close together. Cur-  
taining or draping them as separate units would ruin the whole room. It is much better to treat them as a group, first placing a single drapery at the left of the left-hand window and another at the right of the right-hand window. Then a valance or a cornice, spanning the entire group is added. Finally an unframed mirror is set in the space between the windows. The effect (Fig. 2) is of a broad, spacious window which makes the whole room seem wider. Group treatment always adds to the dignity of a room, and is espe-



*Figure 2*

*Two windows have been combined in a single, spacious unit by the judicious use of hangings, Venetian blind, and an unframed mirror.*



*Figure 3*

*For casement windows: one-piece hanging draped over an ornamental pole. Latter may be gilded or painted a harmonious color.*

ially recommended for casement windows (Fig. 3).

In modern architecture, windows are often a part of the corner of a room, forming a right-angle casement group. Draperies for such a group should be designed so they'll hang at the outer edge of each window and meet at the "corner" when drawn. An older form, the bay-window group, can be made very attractive by placing draperies on the room side of the bay, and covering the windows with curtains or Venetian blinds.

#### FRENCH DOORS

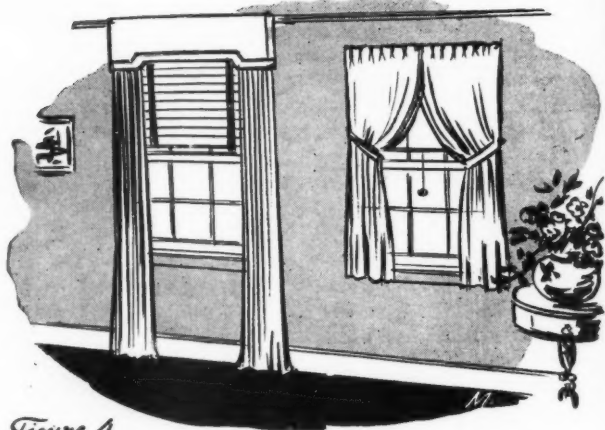
French or glass-paned doors need careful consideration; poorly planned curtains will be a constant reproach. If your French door is in an outside wall, and is part of a window group, it should

be treated as such. In effect, this amounts to curtaining the door as though it were a window, which, in effect, it is.

When French doors are a unit in themselves (leading, let us say, to another room) they should be treated as doors. One way is to hang opaque curtains on each, of a shade to match the painted woodwork.

#### LENGTH, STYLE, FABRIC

Full-length draperies, reaching to the floor, are much more dignified-looking than those that are merely sill length (Fig. 4). Of course, the presence of a radiator beneath the window may prevent the use of full-length hangings. Sometimes, though, when the radiator is not too deep, it is possible to hang floor-length draperies simply by arranging the fixtures to



*Figure 4*

*Full treatment, such as that at left, can impart an air of dignity to an entire room. The same window, curtained, is stubby and homely.*

bring them out beyond the heating unit.

If you must use short draperies be sure they reach to the bottom of the window apron (the woodwork under the sill). Never hang any drapery so that it ends part way between the apron and the floor. Curtains, as a rule, should extend just to the sill. The furnishings of a room have an important bearing on the selection of draperies. For instance, early-American furniture calls for quaint, simple curtains. More formal treatment is necessary for the Regency and Empire periods; here swag valances with cascaded ends are quite suitable. For 18th Century traditional mahogany or Queen Anne Walnut, a well-draped, sophisticated chintz is suggested. Modern appointments

call for heavy-textured, soft-toned harmonizing fabrics.

In selecting any drapery fabric choose one of good quality; bear in mind that a medium-priced material, used generously will be more attractive than a costly one that is used skimpily. As color, avoid the dull, sober shades,

Pattern should be determined by length. Full-length draperies require a large-figured design; the windows are especially long a well-defined figure, swirling gracefully up the side of the window, is attractive. Conversely, small-figured design is usually preferable for short draperies.

When should draperies be figured, when plain? It depends on the rest of the room. Are its walls, floor covering, and upholstery plain? Then by all means get draperies



peries as decorative as good taste will permit. On the other hand, if the room is already well-figured, choose plain, solid-color draperies, but get a fabric whose texture or weave has some definite character.

Above all, do not combine flowered effects, diagonals, and medallions!

#### READY-MADE OR TAILORED

There is still available, despite wartime shortages, a wide variety of drapery materials as well as a good selection of ready-made hangings. The latter are often quite suitable, but it is generally better to fit design, fabric, and color to your room and have the draperies custom-made. And get a professional to do it! He has the proper equipment, which the average seamstress does not; moreover, he keeps stocks of necessary fixtures, which you may not be able to obtain elsewhere. Draperies require special sewing technique; professionals know better how to pleat and stiffen headings, how to handle the problems of design, how and when to use trimmings and linings to get the best results. Incidentally, trimmings should be kept simple; avoid elaborate fringes and braids. Line with sateen or glazed chintz. Interlinings are not usually needed except for blackout purposes—in which case black sateen is the best material to use. Perhaps you'll find it possible to achieve a blackout drapery with a single black-sateen lining.

Many types of fixtures are scarce, and several weeks' delay in

obtaining rods, rings, and brackets—even though curtain-supply houses—is quite common. However, if you find it impossible to get metal rods, the decorative wooden pole, gilded or painted, may solve your problem. In any event, the rod should be sturdy; avoid the flimsy extension affairs that sag in the middle. If the window's span is wide, use center supports for the rod. Avoid swinging cranes, if possible; draperies thus hung often ruin the appearance of a window when swung out into the room.

#### SHADES OR BLINDS?

What are the advantages of the Venetian blind over the plain roller shade? Its disadvantages? Well, for one thing, Venetian blinds permit a better regulation of natural light than do shades. On the other hand, the blind is a great dust gatherer; each slat must be cleaned separately. And where cost must be considered, the shade has the advantage.

The use of blinds eliminates the necessity of curtains, but it should be noted that blinds alone cannot be depended upon for blackout purposes, though for dimouts they are very useful. They eliminate, too, the need of outside awnings in summer; with translucent shades awnings may still be needed. And, generally speaking, shades offer fewer possibilities to make a window attractive than do Venetian blinds. The slats and tapes of the latter can be used in pleasing color contrasts.

—ETHEL A. REEVE

# Withholding-Tax Records

*Simple forms help you compute and  
record your employe deductions*



If you have one or more employes (exclusive of domestic help) you are required, under the withholding-tax law which became effective July 1, 1943, to deduct a portion of the salary you pay each, to accumulate it, and to remit to the government at the end of each quarter. This adds to your book-keeping headache, but a form such as the one reproduced on the opposite page is good aspirin.

To illustrate, take the case of your secretary, Esmeralda Jones. You pay Miss Jones \$24 (60 cents an hour) for a forty-hour week, and 90 cents an hour for overtime. To inaugurate the records, you fill in the form, whose headings are self-explanatory. Miss Jones is unmarried and has no dependents, so she is entitled to a weekly exemption of \$12, which you note in the space provided. (Tables of exemptions and other information will be found in Folder WT, obtainable from the Bureau of Internal Revenue of the United States Treasury Department.)

Now, during the week ended July 10, Miss Jones earned \$24 for forty hours' straight time and \$5.40 for six hours' overtime. Enter the pay-day date in the column head-

ed "Period Ending," followed by the amount, \$29.40, under "Total Earned."

In the "Withholding" columns, enter under "O.A.B." the social-security deduction—1 per cent—which Miss Jones must pay; in this case it is 29 cents. Next—for the withholding tax—deduct Miss Jones's exemption of \$12 from the total of \$29.40, leaving a taxable salary of \$17.40; 20 per cent of this is \$3.48. Enter the amount under "With. Tax." (The column marked "Other" is not used at this time, being reserved for possible future added taxation.)

The amount to be entered under "Net Pay" consists of \$29.40 less the sum of 29 cents and \$3.48, or \$25.63. This is what Miss Jones actually receives.

At the end of the three-month period you are required to remit the accumulated deductions (plus O.A.B. contributions of your own) to the government. You find the amount by adding the columns in the quarterly section; the totals are then transferred to the recapitulation section at the right-hand corner of the page.

Suppose Miss Jones has earned \$364 for the quarter. You owe the

# INDIVIDUAL PAYROLL RECORD

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 EMPLOYED AS \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ WEEKLY RATE \_\_\_\_\_ S. S. NO. \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SEX ☐ SINGLE ☐ MARRIED NO. OF DEPENDENTS \_\_\_\_\_ EXEMPTION CLAIMED \_\_\_\_\_

FIRST QUARTER 19__										SECOND QUARTER 19__									
PERIOD ENDING		HOURS WORKED		TOTAL	WITHHOLDINGS			NET	PERIOD ENDING		HOURS WORKED		TOTAL	WITHHOLDINGS			NET		
NO.	DAY	REG.	OVER-	EARNED	O.A.B.	WITH.	OTHER	PAY	NO.	DAY	REG.	OVER-	EARNED	O.A.B.	WITH.	OTHER	PAY		
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QUARTERLY TOTALS									QUARTERLY TOTALS										

THIRD QUARTER 19__										FOURTH QUARTER 19__									
PERIOD ENDING		HOURS WORKED		TOTAL	WITHHOLDINGS			NET	PERIOD ENDING		HOURS WORKED		TOTAL	WITHHOLDINGS			NET		
NO.	DAY	REG.	OVER-	EARNED	O.A.B.	WITH.	OTHER	PAY	NO.	DAY	REG.	OVER-	EARNED	O.A.B.	WITH.	OTHER	PAY		
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QUARTERLY TOTALS									QUARTERLY TOTALS										

NOTE: Complete details, instructions, tables, etc. pertaining to the Withholding Tax are included in folder WT issued by the Bureau of Internal Revenue. We suggest you obtain a copy. Write for it to the Bureau of Internal Revenue at the address you file your income tax. It is free. With this sheet and folder WT you will have everything necessary.

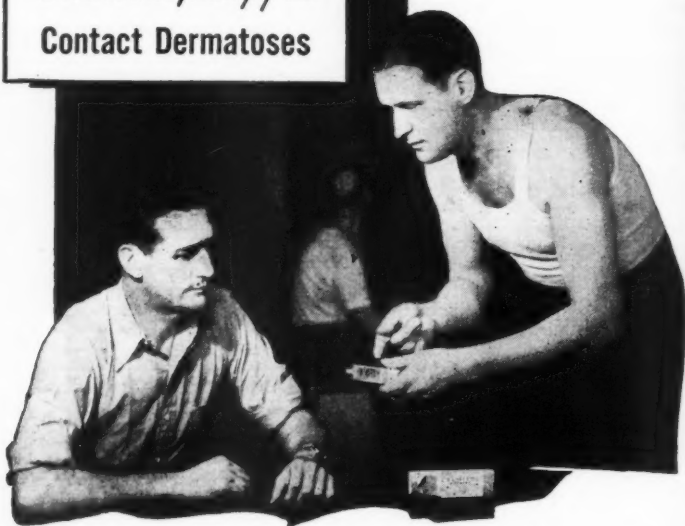
RECAPITULATION							
QUARTER	TOTAL EARNINGS	WITHHOLDINGS					
		O.A.B.	WITH TAX	OTHER			
1ST QUARTER							
2ND QUARTER							
3RD QUARTER							
4TH QUARTER							
TOTALS							

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government the accumulated O.A.B. deductions (\$3.64) plus another 1 per cent (\$3.64) which you contribute. You must also remit the withholding tax of \$41.60.

Thus the total to be forwarded is \$48.88. In transferring these entries to your regular books, note that \$3.64 is to be entered under the column headed "Taxes" and

## *Ambulant Therapy in* Contact Dermatoses



Through the use of Calmitol, absenteeism due to industrial dermatosis and contact dermatitis can be sharply reduced. Specific in its antipruritic action, Calmitol stops itching quickly; a single application is usually effective for hours. Scratching is prevented and secondary traumatic lesions are not produced. In most cases, relief is so great that workers are able to remain ambulant and apply the medication themselves during rest periods. Through its protective influence, Calmitol enhances the efficacy of other indicated therapeutic measures. Physicians are invited to send for samples.

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FIRST QUARTER  
SECOND QUARTER  
THIRD QUARTER  
FOURTH QUARTER  
YEARS' BECAS  
\$  
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**"HISTACOUNT" BOOKKEEPING SYSTEM  
PAYROLL RECAPITULATION**

FOR THE YEAR \_\_\_\_\_

	EMPLOYEE'S NAME	TOTAL EARNINGS	OAS	WITH. TAX	OTHER	NET PAY	
FIRST QUARTER							
TOTALS							
SECOND QUARTER							
TOTALS							
THIRD QUARTER							
TOTALS							
FOURTH QUARTER							
TOTALS							
YEAR RECAP	FIRST QUARTER						
	SECOND QUARTER						
	THIRD QUARTER						
	FOURTH QUARTER						
	TOTALS						

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\$45.24 under the column, "Salaries."

The second form reproduced here is a recapitulation sheet for use when you have more than one

employee (exclusive of domestic help). It is merely an expansion of the small recapitulation section of the first form. —J. L. TURNER

## TO OVERBURDENED DOCTORS:

May we be of assistance to you in cases requiring mechanical relief and correction of

# FOOT TROUBLE?

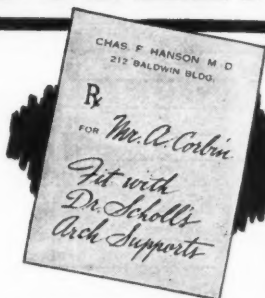
**WE** are thoroughly alive to the extra burdens the war effort is calling upon you to assume.

At your disposal is our thoroughly organized and highly developed Dr. Scholl's National Foot Comfort Service, prepared to relieve you of as many cases of foot trouble as you may care to entrust to us.

This service is based on the 30 years of practice of Wm. M. Scholl, M.D., Chicago, as a consultant in deformities and diseases of the feet, and his wealth of unique experience in designing and formulating scientific Appliances, Arch Supports, Treatments, Shoes, etc. for relieving and correcting foot ailments.

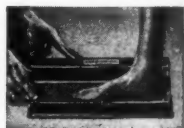
Dr. Scholl's Foot Comfort Service is available at many Shoe, Department Stores and Surgical Supply dealers and at all Dr. Scholl's Foot Comfort Shops in principal cities.

Please mail coupon below for address of your local or nearest Dr. Scholl's Foot Comfort Service Depot, and our Professional literature, specially written for the Physician.



*A simple prescription like this suffices to assure your patient being given the required relief.*

*Dr. Scholl's Pedograph, instantly and graphically reveals the existence of foot arch weakness, its nature and degree.*



Dr. Scholl's  
FOOT-EAZER  
\$3.50 pair

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Please send me address of your local or nearest Dr. Scholl's Foot Comfort Shop and your literature specially written for the Physician.

Name.....M.D. Address.....



# The American College of Surgeons

*How the organization pursues its major activity, hospital standardization*



The most widely known activity of the American College of Surgeons is its twenty-five-year-old program of hospital standardization. Beginning in January of each year a crew of trained investigators gives institutions in the United States and Canada with twenty-five beds or more a thorough going over. Because it is impossible to visit every hospital every year, some are rated personally by Dr. Malcolm T. MacEachern, director of hospital activities, after an analysis of data obtained from other sources. By October the college is ready to announce its annual list of those which have met its requirements.

Although the college was the first to put standardization into practice, it did not, strictly speaking, conceive the idea. As early as 1912, a year before the ACS was

founded, Dr. Allen B. Kanavel proposed before the Clinical Congress of Surgeons of North America (the predecessor of the ACS) that "Some system of standardization of hospital equipment and hospital work should be developed, to the end that those institutions having the highest ideals may have proper recognition before the profession and that those of inferior equipment and standards should be stimulated to raise the quality of their work." World War I delayed action on the proposal, and it was not until the college of surgeons began the first of its surveys six years later that hospital standardization became a reality. Today the ACS is the only organization in the country carrying on a really comprehensive program of standardization. It is true that other groups are active in the field, but they either specialize in certain phases of hospital work or lack the elaborate facilities of the college of surgeons for rating hospitals.

¶ This is the second of three articles on the American College of Surgeons. The first, which appeared in the August issue, dealt with the college's history, organization, and membership. The concluding article, to be published in a forthcoming issue, will appraise the position of the ACS among other major organizations in the field of American medicine.

The Council on Medical Education and Hospitals of the American Medical Association annually registers some 6,000 hospitals, but makes no attempt to rate them. As



# In Childhood... and Adolescence



*In childhood and adolescence, the total hemoglobin increases with growth, and the store of iron in the body must be maintained proportionately. It is acknowledged that this added need for iron may be difficult to obtain from the food and, consequently, must be supplied as medication. Excellent results are offered by the use of specially prepared iron (easily assimilated ferrous sulphate—Plain or with Liver Concentrate) incorporated in . . .*

## *Hematinic Plastules\**

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the council itself points out, "Registration is a basic recognition, and is extended to all hospitals concerning which we have no evidence of irregular or unsafe practices." These institutions are asked to supply data about themselves by answering questionnaires.

Somewhat stricter attention is given by the AMA to about 1,000 hospitals rated for internships, residencies, and fellowships. These are inspected by examiners at periodic intervals, usually about every two years, to determine whether adequate facilities for training are present. Incidentally, many medical-school deans keep their own private lists, which are, in effect, evaluations of how well these facilities are employed.

Of the 6,345 hospitals registered by the AMA in 1942, only 2,404 were approved by the college of surgeons. The AMA will not ordinarily recommend a hospital for interne training that admits fewer than 2,500 patients a year. This explains why the ACS approves some institutions not approved by the AMA.

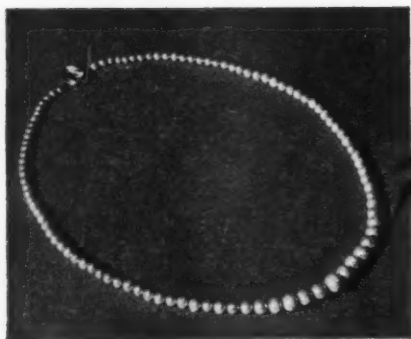
Much younger than the AMA, the college of surgeons puts a tremendous amount of energy into its hospital work. For example, it not only mails questionnaires to superintendents, and makes annual hospital surveys, but it also gathers additional data from medical societies, hospital organizations, and fellows of the college. Investigators alone gather the answers to more than 150 questions. The AMA council, on the other

hand, makes less frequent field trips, and relies heavily upon mail questionnaires.

The American Hospital Association, composed of 3,246 institutions, also gives its sanction to hospitals which measure up to certain standards, but it does not conduct surveys. It depends to some extent upon ACS and AMA recommendations, and election to AHA membership is synonymous with approval. Its standards are very similar to those of the ACS. Dr. MacEachern was once president of the AHA.

The college of surgeons, the AMA council, and the hospital association predominate in the field of hospital standardization; but a number of lesser organizations are interested in special aspects of this work. Among these are the National League of Nursing Education, the American Dietetic Association, the Association of Record Librarians of North America, the Society for the Prevention of Asphyxial Deaths, and the American Occupational Therapy Association. However, these groups are interested only in the ability of hospitals to give sound training and desirable employment to their student and graduate members.

According to the college of surgeons, the inability of doctors to meet its membership requirements first focused attention upon the need for hospital standardization. Relatively few surgeons seeking fellowship during the first World War were able to produce the 100 case records required for



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admittance, because it was a rare hospital that kept records. When the college investigated to discover why, it found still other shortcomings. For example, many hospitals lacked laboratory, X-ray, and other diagnostic facilities. Medical staffs were not organized, professional work usually lacked supervision, and there was a general lack of uniformity in policies and procedures.

Faced by this challenge, the college spent two years visiting hospitals, conferring with hospital authorities, and laying the foundation for its standardization program. Since 1918, surveys have been carried on with unwavering fervor. A glance at the following comparative statistics will indicate how standardization has progressed:

The first hospitals to be surveyed were those possessing 100 or more beds. In 1918 the college approved only eighty-nine, or 13 per cent of those investigated. In 1942 it approved 2,054, or 94 per cent.

Surveys of hospitals with from fifty to ninety-nine beds were begun in 1922. Two years later, the work was expanded to include hospitals with from twenty-five to forty-nine beds. The latter group has always pulled down the percentage of total beds approved. In 1924 the college approved 16 per cent of those surveyed in the small-hospital group; this had risen to only 39 per cent by 1942.

Surveys of U.S. government hospitals, started in 1925, have al-

ways shown a high proportion of approvals. The college approved 90 per cent in this group the first year, and 100 per cent from 1927 to 1937. In 1941 it approved 93 per cent. For military reasons, the ratings of army and navy hospitals were not published in 1942.

Last year, 2,989, or 79 per cent of 3,787 hospitals in all groups were approved. This is in contrast to the 65 per cent approved in 1925, the first year in which hospitals of all types were surveyed. Pointing to this record, the college comments: "It is believed that the time is not far distant when only hospitals which meet the minimum requirements for approval will attempt to care for the sick and the injured."

What are these minimum requirements? Briefly they are as follows:

The hospital must have an organized, competent, ethical staff holding regular conferences to review clinical work; fee splitting must be prohibited; complete medical records for each patient must be written and kept on file; and there must be adequate diagnostic and therapeutic facilities, including a clinical laboratory and an X-ray department, under competent medical supervision. These requirements have remained practically unchanged since the program was launched. "Therefore," comments the college, "it cannot be said that more hospitals are meeting the requirements at present because of a lowered standard." [Turn the page]



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The college has gradually added minimum standards for fifteen distinct services and departments in hospitals, such as clinical laboratories, the treatment of fractures and other traumas, cancer clinics, nursing, etc.

Hospital standardization has spread to a few foreign countries, though on a limited scale. In 1926 Dr. MacEachern accepted an invitation from the governments and medical associations of Australia and New Zealand to survey hospitals in those countries and to draw up a program of minimum standards. After its 1942 survey the college approved a few hospitals in Cuba, Newfoundland, Panama, and Uruguay. It is now attempting to interest Latin-American hospitals in the program.

Dr. MacEachern, an associate director of the college, has been in charge of the hospital program since 1921. He is assisted by Dr. Earl W. Williamson, who joined the staff in 1920. All expenses are now underwritten by the college, though grants totaling \$105,000 were received from the Carnegie Corporation of New York between 1916 and 1922.

Closely related to hospital standardization are two other ACS activities: the approval of hospitals for graduate training in surgery, and the approval of medical services in industry. The first list of hospitals approved for graduate training, containing the names of 179 institutions in the U.S. and Canada, was published in 1939. By 1942 the college had approved

217. Surveys of medical services in industry got under way in 1931. By 1942 the College had approved 1,053, or 59 per cent, of 1,771 industrial concerns surveyed.

Between 1932 and 1939 the college also rated medical, surgical, and hospital equipment and supplies and published a list of the items it approved. This activity was discontinued, according to Dr. MacEachern, "because other activities of greater importance were undertaken... requiring the full services of the staff."

Hospital standardization is not dependent upon any legal enforcement. Its success derives from the fact that so many hospitals have been willing to cooperate. Standards, on the whole, do not appear to be too high, although smaller hospitals, as the record indicates, find them rather difficult to meet.

For the most part, the program has been received sympathetically by hospital authorities and the medical profession. The little opposition that exists comes mainly from small towns, where the charge is sometimes made that ACS requirements for approval are too stringent. Another criticism is that it takes too long to fill out the College's questionnaire, but this is no longer entirely valid, since the ACS and the AMA began using identical questionnaire forms in 1940, thus making it possible for superintendents to supply both organizations with data at the same time.

Among those who believe the college has done a good job in rais-

ing the level of hospital care are some who would like to see hospital standardization backed by legal enforcement; they advocate an arrangement by which the ACS would act as a licensing body. Thus hospitals which couldn't meet the standards would simply be forced to fold up. Others interested, particularly non-surgeons, prefer that such licensing authority be given to the AMA instead. But it is highly unlikely that the government could legally set up *any* private organization as an official licensing body.

It has also been suggested that standardization would be more effective if the college were to demand that surgical staffs in hospitals be composed of its own fellows as a prerequisite for ACS approval.

It is not immediately apparent that the college needs additional powers. The rapid growth in the number of approved hospitals suggests that the voluntary program is paying excellent dividends. Furthermore, the whole field of standardization has developed to such an extent that hospitals not approved by either the ACS or the AMA feel the results of the exclusion. For example, it is becoming increasingly difficult for them to get internes.

The college has made an effort to acquaint the lay public with hospital standardization. It has issued literature for this purpose. It has produced four films for the laity, one of which, "Good Hospital Care," is devoted exclusively to

standardization. And it sponsored a surgical exhibit at the Chicago World's Fair. Approved hospitals are given a certificate which they are encouraged to display where patients can see it, and fellows are urged to use FACS after their names on professional cards and letterheads.

Some critics doubt that this publicity has produced the desired results. They point out that it is a rare patient who bothers to inquire whether his surgeon is a fellow or whether the hospital to which he goes is approved. Except for its own promotional work, the college has received little nationwide publicity. Probably its best break was a highly complimentary article which appeared in Collier's fourteen years ago.

The most pressing problem today is that of helping hospitals keep up their standards. Shortages of doctors, nurses, and other personnel, and scarcities of materials, are making it difficult for hospitals to meet all the requirements. Small hospitals in small towns are especially hard hit.

At the same time, the need for standardization is greater than ever, the college says. Approval, it argues, is proving of signal benefit to hospitals wishing to participate in such wartime programs as the training of volunteer nurses' aides, the training of nurses under the new student-nurse-corps program, and the welfare program which furnishes hospital service to wives and dependents of service men.

—GEORGE B. FRITZ

## For Speedier Settlement of Your Compensation Bills

*These M.D.'s report to the insurance company to avoid employer-delays*



To facilitate settlement of workmen's compensation bills, a Midwestern group of physicians has revised this system:

First, a list was built up of the insurance carriers for employers in the locality. This proved a less formidable task than it sounds. Whenever a doctor in the group created a compensation case, the group's secretary recorded the names of the employer's insurance company and insurance agent. She also noted the date of this information. Since the city where the group is located is not large, information was soon accumulated from almost every important employer in town.

Now when a compensation case comes in, the secretary reports it immediately to the insurance company concerned. She does this on the company's own preliminary report blanks, a supply of which she keeps on hand. If some time has elapsed since an employee from that company has been treated, she phones the insurance agent to be sure that the same carrier is being used.

Four advantages are claimed for this system over the regular practice of waiting for the employer to

file a report at his convenience:

(1) The settlement of medical bills is speeded. (2) Compensation for the patient—if any is due—is also expedited. (3) Prompt reporting of the case is helpful to and appreciated by the insurance company. And (4) when the case is closed the concluding bill can be sent promptly to the insurance company without waiting for the carrier to request its submission.

One possible drawback is the risk of offending an occasional touchy employer by seeming to go over his head in reporting a case. This can be avoided by a simple addition to the procedure: If, at the time the first report is sent to the carrier, a brief note stating that the report has been filed is also sent to the employer, no offense can reasonably be taken.

When compensation work does not bulk large in a physician's practice, the conventional method of reminding the employer to report each case is usually adequate. But for the doctor whose compensation work has soared with heavy industrial employment, the method outlined appears to have real advantages.

—R. L. HALE

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## "More Concise Papers, Please!"

*A physician criticizes constructively  
the wordiness of scientific articles*



Medical men are inclined to be inexcusably wordy writers. At least that is the impression left by a recent intensive period of journal reading. Very often, of course—and every editor has learned this to his sorrow!—verbosity is merely the result of mental laziness. It is far easier to write 6,000 words on a subject than to do it justice in 3,000.

If this predilection toward verbosity were merely a professional quirk, it would be innocuous enough. But since it has a vital effect on the exchange of scientific knowledge, the weakness for wordiness has more serious implications. It means, for example, that the educational potential of journals is impaired. It means that increasing numbers of physicians are reinforced in the somewhat pernicious habit of reading summaries only. It means that many otherwise good papers are simply not read, and that when they are read they are frequently misinterpreted.

Here's a typical case of proliferating wordiness. I found it in one of the better Midwestern state medical journals:

"If a program of frequent examination of workers is to be set up, it must be realized that since the time

taken by the examination is time away from the job, the form of examination must be such as to obtain in as short a time as possible a maximum of information. This information must allow of the following of trends away from or toward the normal state of health shown by the worker in the pre-employment examination . . ."

The context of this article reveals that the following condensation (24 words instead of 78) would convey the intended meaning:

"If a program of frequent examination is set up, the examination must take little time. It must also reveal trends in the worker's health."

Or glance at this excerpt from another well-regarded state medical journal, this one published in the South. I have italicized the words which appear to be superfluous:

*"The sections of the alimentary canal, the esophagus, and stomach, assigned to me for discussion in this symposium, are subject to many and varied lesions which give rise to a multitude of symptoms. It is my object to present to you only a few of these lesions, most of which are of the type that you, as clinicians and surgeons, have to deal with in your everyday practice."*

*"When frank symptoms of lesions in the gastrointestinal tract appear, the clinician will attempt to arrive at a diagnosis from the history, physical*

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signs, results of clinical tests, and the knowledge he has gained by experience.

Often by his own methods alone a capable clinician can *adjudge the general situation and determine the nature of the lesion with admirable accuracy. But even in such instances* no one realizes more clearly than the clinician *himself* that his diagnosis is not complete without roentgenologic examination *to confirm his opinion as to the nature of the lesion and to determine its exact site and size and the presence or absence of complicating factors.*"

It was probably an encounter with such bumbling, turgid papers as these that impelled Dr. Alan Gregg to note: "The usual level of professional writing is painful not merely to editors. Even after passing editorial filters, the virus of wretched writing can inflame, insult, and exhaust a clear-minded man. Such writing is verbose and repetitious. It is awkward and tiresome. What time it can spare from being vague it devotes to being inaccurate . . . Even with the benefit of hours of editorial improvement, the medical literature of today exemplifies all too fully the biological adage that life is choked by its own secretions."

What's the remedy?

Something which is *not* a remedy, in my opinion, is the digest or abstract presentation. This form of transmitting information has fundamental defects. Unless the condensation is done by the original writer, changes in emphasis, interpretation, or even facts are a real risk. Then, too, abstracts always represent selection—a pro-

cess which interposes a new and necessarily fallible judgment between writer and reader. And, finally, digests of scientific papers are of scant reference value, which is of course a major function of medical literature.

What's needed, I believe, are papers which conform generally to the classic patterns of medical writing, but which are notably free of non-essential material. I am not plumping for the compression of a 5,000-word article into a few hundred words of pap for readers-on-the-run. Far better would be 5,000-word papers judiciously condensed to 3,000 words.

There are many ways to achieve this. Almost all writing is enormously compressible; and in prose as in physics, compression can change a gaseous cloud into a compact solid. The gain is far more than a mere saving of time and space. It leads also to clarity, simplicity, and to the elimination of that muddy thinking which so often underlies verbosity.

Take case histories, for example. Many an M.D.-writer permits wholly irrelevant material to creep into his case reports. Too often in cases where childhood diseases or the medical history of relatives are totally without bearing they are nevertheless rung in, perhaps in a clipped way intended to give an air of conciseness. Negative reports—although sometimes of value—are often routinely included, presumably to impress the reader with the writer's thoroughness.

As in the case of puffed biblio-

graphies, these efforts to impress usually miss the mark. Instead of goggling at thoroughness, the reader merely boggles at being bored. His eye glances away to the summary for a casual perusal, and then turns elsewhere.

There are many specific ways by which writers can compress their papers without damage. One is to dispense with historical sections that bow to Galen, move in stately progression past Paracelsus and Vesalius, and then have a desperate, stern chase with the twentieth century. Another is to dispense with unnecessarily complex tables and charts—the type which take five minutes of patient application to comprehend, after which it becomes evident that they duplicate textual material.

It has been said that “a pen makes most of us pompous.” If so, it is wise, I think, for every doctor-writer to keep an eye peeled for the numerous pitfalls of pomposity.

“Elegant,” word-consuming introductions, elaborate modesty in referring to one’s self, over-profuse expressions of indebtedness to col-

laborators, laborious statements of the elementary and obvious—these are some of the commonest causes of textual edema.

Structural reorganization is frequently a key to the difference between a wordy preliminary draft and a concise paper. Medical editors say that if a summary is presented at the beginning instead of the end, the paper’s readership is often increased. There is also good evidence to suggest that a paper which has neither summary nor conclusions is less widely read and less likely to be abstracted.

A distinguished medical teacher once gave this formula for medical writing: “The only legitimate motive for writing a paper is the desire to make a point. It follows logically that a writer should promptly state the point he wishes to make, make it, and then stop writing. And he should write with sentiments similar to those of a person who is composing a cablegram at \$1 a word.”

However much honored in the breach, it still sounds like an excellent formula.

—JAMES FLEMING, M.D.

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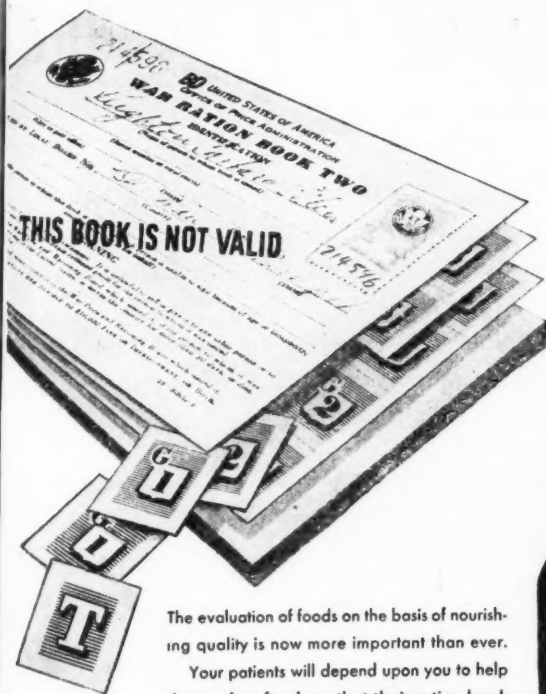
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## Some Hints on History-Taking

*Ways to achieve a more complete  
understanding of the case*



Rather than greet a patient with a barrage of questions, let him state in his own words his problem and his purpose in coming to you. He is most quickly reassured if allowed to begin the interview in his own way. Much may sometimes be learned from the very manner in which the person describes his difficulty.

### AVOID PERSONAL ISSUES

The physician may occasionally be tempted to introduce his own personal interest into the discussion. To encourage the patient to talk freely about his history, the doctor may say that he, too, comes from Texas, and may reminisce about mutual friends there. Or he may enter into a discussion of politics, unions, or religion.

Though such devices are occasionally successful in making the patient feel better acquainted and relaxed, the value of their use is usually dubious. With the introduction of the doctor's personal opinions and feelings, the relation-

ship may leave the professional level and become a social give-and-take—or, worse, an argument. It is better for the interview to proceed with the patient as the focus of attention.

### BALANCE YOUR QUESTIONS

Most people, when interviewing, tend to ask either too many questions or too few. The doctor might well study his own tendency and seek to adjust it. Too many questions will confuse the patient, while too few may place most of the burden of the interview on him and may leave salient areas unexplored.

Questions that lead the patient on are generally to be preferred. Those that can be answered with a brief "yes" or "no" should be avoided. Don't put answers into the patient's mouth.

### LET PATIENT TALK

It is important that the patient be allowed to express any suggestions he may have before the doctor makes his. Sometimes the patient will recommend the very course of action the doctor intends to advise. In such a case, if the patient regards the suggestion as having come from himself, and if it is then confirmed by the physi-

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¶ This feature has been especially adapted for physicians from a monograph—"Interviewing: Its Principles and Methods"—issued by the Family Welfare Association of America.





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You may recommend Welch's Grape Juice either as an aid to comfortable reduction in connection with a restricted diet or as an appetite satient without specified menus. An ordinary 8 oz. glassful, three parts grape juice and one part water, should be taken before each of the main meals and in place of a snack when needed.

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cian, he will naturally be more likely to carry it out.

It is possible, of course, that if the patient is allowed to talk he may reveal a deep-seated hostility to the suggestion the doctor was about to make. This, too, is helpful. It warns the practitioner to proceed with caution and to attempt to remove or modify the emotional causes back of the hostility before proposing his plan.

## EXPLAIN INQUISITIVENESS

The patient should be helped to feel that each question is important and significant. It may be necessary to explain clearly to him the relevance of certain questions to his own needs and interests. For example: It is obvious to the doctor, but not to the patient, that a question as to which floor the patient lives on is significant in a cardiac case; that questions about diet are called for in tubercular cases; and that queries about early developmental history have special importance in problems that concern the behavior of young people.

Once convinced of the doctor's sensitive understanding, of his desire for information not out of wanton curiosity but only in order to help, and of the confidential nature of the relationship, the patient will welcome an opportunity to talk about things which earlier in the interview he would have suppressed.

## BE A GOOD LISTENER

A good interviewer is a good listener. But what constitutes a good listener? [Turn the page]

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## ANOTHER BOMBER IN THE SKY

—because of fewer colds all along the assembly line.

An enemy within our ranks, the common cold takes a yearly toll of more than 45,000,000 man-days of working time—a tremendous loss to the war effort.

Therefore, you can contribute directly to victory by helping your patients prevent colds and the complications of colds with Oravax.

**CLINICAL EFFECTIVENESS**—Controlled clinical studies, reported in current medical literature, demonstrate the effectiveness of oral vaccination with Oravax in reducing num-

# ORAVAX

**ORAL CATARRHAL VACCINE TABLETS**

ber, severity and duration of colds. Oravax is inexpensive, painless, free from severe reactions.

**DOSAGE**—One tablet daily for 7 days; then one tablet twice weekly throughout season when colds are most prevalent.

**PACKAGE SIZES**—Oravax is available at prescription pharmacies in bottles of 20, 50 and 100 tablets.

Trade Mark "Oravax"  
Reg. U. S. Pat. Off.



# MERRELL

*115th Year*

**THE WM. S. MERRELL COMPANY  
CINCINNATI, U. S. A.**

The Wm. S. Merrell Company  
Cincinnati 15, Ohio

MF

Gentlemen:

Please send me a sample of ORAVAX  
and literature showing clinical results.

Dr. ....

(Please print or write plainly)

Address .....

City .....

State .....



## The Curious Belief of Captain Cahill

THE weathered granite headstone up on Prospect Hill says he was born in 1838. But he looked older than forty when I first met him . . . a saber-scarred man . . . two years after the Custer Massacre.

He was my mother's oldest brother and I but a child. But the memory of his curious belief lives with me still.

He ran away in '57, with nary a note or a word from him for twenty-one years. Then he walked in, on leave, a Civil War veteran and captain of cavalry, home from the Indian wars.

He spoke seldom and then softly. And, curiously, he always sat in that corner of a room where his glance could command all doors and windows.

"Why? Because," he answered my mother's query, "sixteen years of warfare have taught me that, to survive, *I must never turn my back on the front.*"

Today, how many of us share this belief . . . the conviction that, if we are to survive, we must never turn our backs on the front . . . the front where our boys battle for their existence and ours? How many of us realize the importance of sacrificing to support that front?

How many of us are *doing* something about it by purchasing our full share of war bonds—*every week, every pay day*—and ALL we can possibly afford?

**Don't Turn Your Back on the Front . . . BUY BONDS**

PUBLISHED IN COOPERATION WITH THE DRUG, COSMETIC AND ALLIED INDUSTRIES

**B-D PRODUCTS**

*Made for the Profession*

**BECTON, DICKINSON & CO., RUTHERFORD, N. J.**



One who frequently interrupts to say what he would have done under similar circumstances is not a good listener; but neither is one who sits like a bump on a log. Absence of response may easily seem to the patient to denote absence of interest. Everyone likes a listener whose brief relevant comments or questions show that he has grasped the essential points of the account—a person who adds illuminating comments on facts which the narrator has not stressed and which might well have been overlooked by an inattentive listener.

Such interest gives the patient the stimulating feeling that the physician really wants to hear what is being said and that he understands the case completely.

#### SPEAK IDIOMATICALLY

There's a great difference between *expressing* a meaning and *communicating* a meaning. Since the latter is often the aim of the physician he must devote considerable care to his manner of phrasing his thoughts. He must "think with wisdom" but speak the language of his patient, including as far as possible the idiom of the patient.

#### DON'T BLOCK EXPLANATION

Sometimes a physician, relying on his general understanding of the patient's statement, too readily says, "I understand." In doing this, he blocks any attempt to present the details needed for a more specific understanding. The doctor means that he wants to understand, or does understand in general; whereas the patient realizes that

the doctor certainly does not yet know about the specific details of the case.

It would often be far better for the physician to say, "I do not understand." For then the patient would realize that the doctor wanted to understand but needed more information.

#### RESPECT SILENCES

When a patient is being interviewed, he will sometimes fall silent because he is reluctant to go on with what comes next in his story or because he doesn't quite know how to formulate what he plans to say.

Don't be embarrassed by such silences. Don't feel that you must fill them with questions or comments. A decent respect for silences is often more helpful. A too hasty interruption may leave some important part of the patient's story forever untold.

Now and then, of course, a silence is due to other causes, and if allowed to continue will only embarrass the patient. In such cases a pertinent remark or question will encourage him to continue.

#### NO MORALIZING

Refrain from trying to impose your own moral judgments upon patients. They should be allowed to discuss their feelings without fear of condemnation.

For many a patient it is a unique experience to talk with someone who, instead of criticizing or admonishing, listens with non-judgmental understanding. The discovery of such characteristics in the doctor may well lead the patient

# Campho-Phenique



- Counteracts the itching and crusting of eczema
- Alleviates the pain of accidental minor wounds—also lessens the chance of infection
- Soothes the inflammation and assists the healing of pustular dermatosis.

These characteristics of Campho-Phenique explain why it is a satisfactory surface application for use in the treatment of dry or wet burns, pruritus senilis, athletes' foot\* and earache.

\*Campho-Phenique Borated Powder is also recommended.

**JAMES F. BALLARD, Inc.**  
700 N. Second St. - St. Louis, Mo.

to idealize him—disregarding completely the question of whether or not the doctor is actually an ideal person.

Often, however, when an interviewer first learns that he should be non-judgmental, in trying to suppress his feelings he tends to become artificial and stilted. It is better to recognize that such feelings are not unnatural but merely inappropriate to the professional situation. Control of feelings rather than absence of feelings is the doctor's goal.

## RING TRUE

A common error when talking to patients is to offer false reassurances. Such a remark as, "I'm sure you'll soon be well," far from reassuring the invalid, usually causes him to doubt the doctor's sincerity or understanding of the situation and consequently his ability to help.

To tell an emotionally upset person that he should remain calm is to make a similar mistake. It will probably do no more than erect a barrier against further expression of his difficulties.

## OBSERVE!

In one sense, all that can be said about interviewing might well come under the head of observation. It is obvious that the physician should observe what the patient says; it is less obvious to remark that the doctor should note what the patient does *not* say. Only by detecting significant gaps in a patient's history—and then filling them—can the case be fully understood.

—ANNETTE GARRETT

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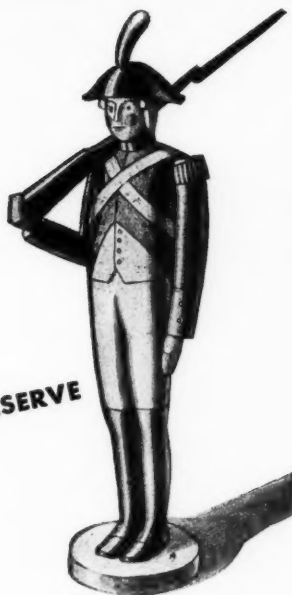
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RRETT

## GUARDING THE ALKALI RESERVE



**M**aintaining the alkali reserve may call for active alkalization beyond what diet alone can provide. In such cases, as in febrile conditions and during sulfonamide medication, the use of Alka-Zane will prove definitely helpful.

Composed of the four principal bases of the alkali reserve—sodium, potassium, calcium and magnesium in the readily assim-

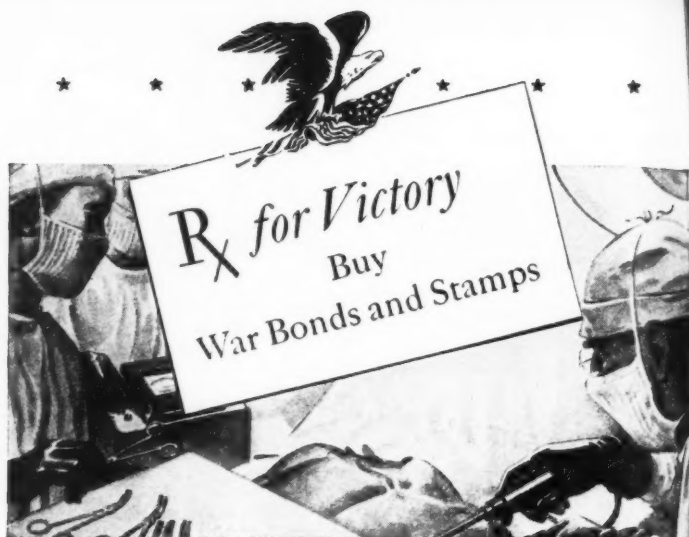
lable forms of carbonates, citrates and phosphates, Alka-Zane serves the dual purpose of alkalization and fluid intake. A teaspoonful of Alka-Zane in a glass of water or added to fruit juices or milk, makes a zestful, refreshing drink.

To determine for yourself how efficient and pleasant-to-take Alka-Zane is, may we suggest that you write for a complimentary supply?



# ALKA - ZANE

WILLIAM R. WARNER & CO., Inc., 113 WEST 18th ST. NEW YORK CITY



Assure the finest army the finest medical service

The medical miracles now saving lives at the front are the result of superior equipment as well as of superior skill. Put every cent you can possibly spare into War Bonds and Stamps—help buy the finest medical protection for the finest army in the world.

Frederick **Stearns** & Company



Since 1855... ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY **DETROIT, MICH.** SAN FRANCISCO WINDSOR, ONTARIO  
SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

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## Your Legal Questions Answered

*Collection costs, an unlicensed employee,  
expert testimony, and other problems*



*Q. When a patient tries to evade paying his bill, is it legal to add to that bill the expense of collecting it?*

*A. You may not add costs to a bill collected through an agency. However, when a doctor sues, and judgment is awarded to him by the court, it includes a "bill of costs"—a scheduled flat sum intended to cover the filing and serving of the summons, trial costs, etc. Lawyers' fees and witness fees may not be added to the judgment. Thus, in most cases, the physician can hope to recover only a part of the actual expenses involved in collecting a bill.*

*Q. Does the law permit a physician practicing in the State of New York to enter the service of an employer who advertises his products (eyeglasses and contact lenses) by radio?*

*A. If the employer's business is legal—his employment of a licensed physician is also legal. Such practice, however, is frowned upon by state and county medical societies: It is considered unethical, and might result in the doctor's expulsion from such societies.*

*Q. A physician assists me part time. He has a New York license*

*but is not licensed in my state (Maryland). He uses my prescription blanks but I sign them. Should I continue this practice? If so, do I need special insurance?*

*A. Legally, your unlicensed assistant is acting as your agent. By signing the prescription blanks he uses, you supervise and ratify his work, and therefore can be held liable for possible negligence on his part. If your present malpractice insurance does not cover such negligence, you should obtain protection at once. If you are unable to do so—because the assistant is not licensed in your state—you will run a definite risk by keeping him on.*

*Q. If a hospital pathologist discovers, upon making a post-mortem, that the subject died from a contagious disease, is he obliged to notify the board of health, or is that the responsibility of the attending physician? If it is up to the latter, and he refuses, must the pathologist do so?*

*A. Assuming that the pathologist made his examination at the request of the attending physician, the pathologist's report to the doctor would automatically charge the latter with the respon-*



## *No Room for Prejudice in the Trained Mind*

**T**HE MAKERS of Nucoa dedicate this advertisement to the men and women of science whose trained thinking and creative research have made margarine the nutritious food which serves ideally in today's meal-planning for national health.

Invented to extend the food supply of another wartime, margarine is vastly different today from the spread which helped out the ration of Napoleon III's soldiers. It has

come a long way, too, from spread so many American families depended on in World War I. . . there has been continuing scientific study to make margarine count more and more for nutrition . . . to give it more and more delicious flavor . . . to make its texture more and more pleasing.

Yet margarine still must make its way against prejudice. Even today when every ounce of nourishment

# **Nutritious NUCOA . . . a dependable source**

is a fighting weapon to win the war faster and help make the peace secure, nutritionists are sometimes accused for championing the facts of margarine's food value. And prejudice—the emotional resistance to change in food habits—keeps many people whose diet might benefit from margarine, from even trying it.

We believe that the readers of this magazine—you whose trained minds make you leaders in your communities—will want to acquaint yourselves fully with the facts of modern margarine's nourishing and fortifying qualities by familiarizing yourselves with it in your own homes. For margarine at its delicious best, we suggest that you try NUCOA.

A Product of The BEST FOODS, Inc.



VITAMIN A

## FACTS YOU SHOULD KNOW ABOUT NUCOA

NUCOA is America's most popular margarine, for Nucoa has been the leader in all improvements which have brought margarine up to its high modern standard.

NUCOA's chief ingredients—pure vegetable oils churned in fresh pasteurized skim milk—are products of American farms exclusively. Nucoa was the first margarine to use only American vegetable oils and to achieve the smooth-churned, spreadable texture so different from old-time margarines.

NUCOA was the first margarine to contain added VITAMIN A. Each pound of Nucoa, winter and summer, supplies not less than 9,000 Vitamin A units. This dependable uniformity—guaranteed by strict laboratory control—recommends Nucoa to those planning diets by vitamin count.

Each pound of NUCOA supplies 3,300 food-energy calories—the same as butter. And Nucoa is equally digestible—over 96%.

Scientific research and control in one of the best equipped food laboratories in the world keep Nucoa in the position of top-ranking margarine. 102 tests daily (54 on the oil alone) assure the uniform quality of every pound of Nucoa.

The uniform flavor and delightful freshness of Nucoa spoil regular users for other spreads. Nucoa is freshly made the year around. There is no "storage" Nucoa.



**Hygeia National Advertising keeps  
right on telling prospective mothers—**

**CONSULT  
YOUR DOCTOR  
REGULARLY**

Hygeia bottles, because of their wide mouths, are easier for mothers to clean. And the six important features listed below tell you why you can recommend Hygeia with confidence.

**SIX REASONS WHY YOU  
CAN SAFELY RECOMMEND  
HYGEIA BOTTLES AND NIPPLES**

- 1** Wide mouth and rounded interior corners make bottle easy to clean and leave no crevices for dirt which breeds germs.
- 2** Famous Hygeia breast-shaped nipple has patented air vent which tends to maintain steady flow of milk, helping to prevent "wind-sucking."
- 3** Sanitary tab makes nipple easy to apply without touching sterilized surface with fingers.

**BABY  
COMING  
?**



**CONSULT YOUR DOCTOR REGULARLY.** And ask him about the advantages of Hygeia Equipment. Improved Hygeia Bottle has easy-to-clean wide mouth, wide base to prevent tipping, and scale applied in color for easy reading. Famous breast-shaped Nipple has patented air vent to help reduce "wind-sucking". Ask your druggist for Hygeia today!

**HELP WIN THE WAR** by conserving rubber. Use a separate nipple for each feeding. Clean immediately after use. Avoid excessive boiling.



**HYGEIA  
NURSING BOTTLES  
AND NIPPLES**

- 4** Improved tapered shape makes it easier for baby to hold bottle and get last drop of formula.
- 5** Measuring scale applied in color makes it easy to observe amount of formula.
- 6** Wide base makes for safer handling in filling and attaching nipple.

**HELP WIN THE WAR**

Advise your patients to conserve rubber by rotating nipples for each feeding. Clean immediately after use. Boil no longer than necessary for sterilization.

**Hygeia Nursing Bottle Co., Inc., Buffalo, New York**

**HYGEIA NURSING BOTTLE  
AND NIPPLE**  
*Safer because easier to clean*

sibility of notifying the public health authorities. If the attending physician refused to do so, the pathologist, in the interest of public welfare, should report the case.

*Q. Woman has cyst on face. Doctor advises its excision. Husband disclaims need of operation. Wife has cyst removed nevertheless. Husband won't pay bill. So?*

A. A husband is liable for medical services rendered to his wife if the services are shown to have been necessary. What is necessary in the way of medical services is a matter of medical judgment. A layman, the husband in this case, is not a competent person to decide what is necessary. The physician can recover from the husband if he can show by competent medical evidence that the operation performed was necessary. A physician would not, of course, be able to recover from an unwilling husband for, say, an unnecessary plastic operation performed upon his wife without his consent.

*Q. After a stabbing affray, an injured man was carried into my office for emergency treatment. When the man's assailant was subsequently tried, I was subpoenaed to give testimony. I was paid the ordinary witness fee, but I feel I should have received a fee for expert testimony, since the questions asked were of a technical character (e.g., nature of the wounds, penetration, probable weapon, and so on). Am I right?*

A. When a physician is subpoenaed to give such testimony as

you describe, he is deemed to be an "ordinary" witness, even though he possesses special knowledge, since he is called upon to testify to facts learned through his senses of vision, hearing, touch, etc. If during the course of his testimony the doctor is asked an *unrelated* question which calls for his opinion or judgment, he is entitled to extra compensation as an "expert" witness. But this does not embrace opinion testimony relating directly to the *subject* on which the witness has been called to testify.

*Q. In my city there is a hospital, built by public subscription but privately incorporated, which serves the general community. May that hospital deny courtesy privileges to a Class A medical school graduate who is licensed and has established a local practice? Also, has a local medical society the right to deny him membership when he is already a member of his county and state societies?*

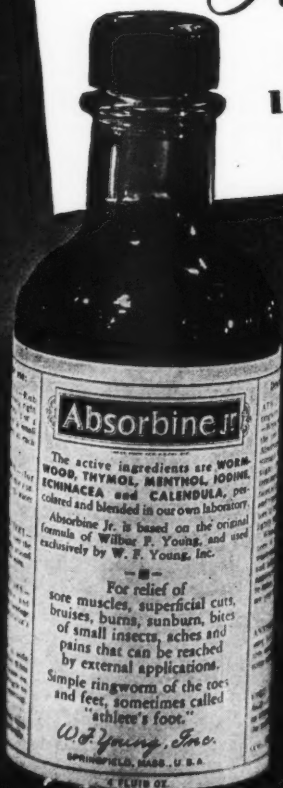
A. To both questions the answer is Yes. "Courtesy privileges" are exactly what the term indicates: privileges extended to the physician by the hospital as a matter of courtesy. A privately incorporated hospital, even though it serves a public need, retains its right to appoint its own staff and to extend courtesy privileges as it sees fit. A physician denied these privileges has no legal recourse. Likewise, a medical society has a perfect right to limit its membership to physicians of its own choice.

—JAMES R. ROSEN, M.D., LL.M.

**SUGGEST**

*Absorbine Jr.*

**where a  
liniment is  
indicated**



## RACKETEERS IN WHITE

*New York exposes a vicious, easy-money traffic in human misery*



Selfless devotion to duty and steadfast integrity have long distinguished the American medical profession. Today thousands of physicians are doing honor to a great profession on the far-flung battlefronts of the world. But at home recently have come shocking revelations of flagrant misdeeds by a small but none the less dangerous fringe of the profession.

The most startling disclosure has been made by New York City's Commissioner of Investigation, William B. Herlands, who has already exposed grave abuses in connection with the sale of medical oxygen, the rental of oxygen-ther-

apy equipment, in premarital medical examinations, and in the treatment of injured employes under the provisions of the New York State workmen's compensation law.

One of the more vicious rackets uncovered is the practice by some physicians of demanding "kick-backs" from the companies which supply oxygen tents and oxygen-therapy service. Company executives testified that many physicians demanded and received commissions ranging from 20 to as high as 50 per cent of the price paid by the patient. In every instance where a patient was charged more than \$25 a day for an oxygen tent, \$5 to \$10 a day was pocketed by the doctor. The patient, of course, was unaware that he was paying this extra "fee."

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¶ Here is the story of how a small group of unscrupulous physicians, lawyers, and laymen have been perverting New York State laws from measures of public protection to sources of dishonest money. Indifferent to their responsibilities, callous of the plight of the sick and the injured, these men capitalized on human suffering. That many must face justice is due in part to the efforts of Harold Seidman, who conducted the city compensation investigation. The facts he brings you here form part of an article which appeared in the magazine, *Survey Graphic*.

The consumer of oxygen is in no position to bargain or refuse to buy. When a patient requires oxygen he must have it, whatever the cost. Whether he is overcharged or given efficient service depends to a large extent on the integrity of the company recommended to him by his doctor. Yet some doctors recommend not the best company, but the one which will pay

# Warrior

THE military doctor of World War II — unarmed yet unafraid — moves up shoulder to shoulder with the combat troops. Bayonet charge . . . parachute landing . . . beach-storming . . . constantly, the medical officer proves that he is every inch a fighting man.

More than likely, he's a Camel smoker, too, for Camel's mellow mildness and smooth, comforting flavor quickly won it first choice in the armed forces.\*

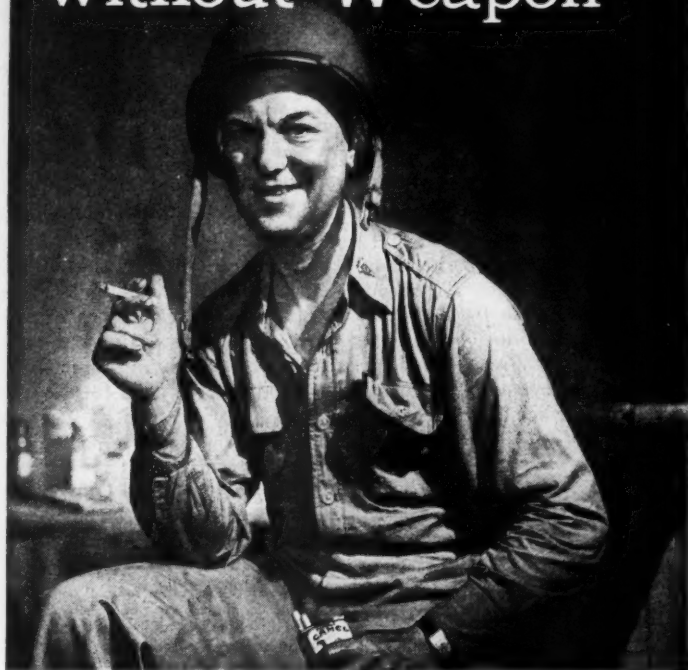
Planning a gift for someone in service? Make it Camels . . . a carton . . . the *thoughtful* remembrance.



# Camel



# without Weapon



## 1st in the Service

\*With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel (Based on actual sales records.)

New reprints available on cigarette research—Archives of Otolaryngology, February, 1943, pp. 169-173—March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

— *Costlier Tobaccos*

the highest commission. Company officials testified that some physicians bluntly asked, "What do you pay a doctor who calls for an oxygen tent?"

One concern paid out \$1,600 in commissions on a net business of \$13,000; another, \$4,500 on a gross business of approximately \$20,000. Demands made by physicians in one borough of New York in 1941 boosted the standard commission from 20 to 30 per cent of the price paid by the patient.

Sometimes a commission may cost a patient his life. Unscrupulous doctors ignore the fact that the companies willing to pay the highest commissions are likely to be the very ones which provide the poorest service. In one instance it was discovered that the concen-

tration of oxygen inside a tent was exactly 21 per cent—the same as may be found in the air over any city street.

Legislation requiring premarital examinations and blood tests has been a factor in providing another lucrative source of kickbacks. An inquiry revealed that one pathological laboratory practically monopolized the business of giving private premarital examinations in New York. The reason was not far to seek. A 50 per cent "reference fee" was admittedly paid by the laboratory to any physician, dentist, or pharmacist who sent a patient for a premarital examination. In 1941 the laboratory paid out \$20,000 in reference fees, a sum equal to 24 per cent of its gross business. [Turn the page]



## Postpartum HAIR and SCALP problems

AFTER childbirth (or other surgical or febrile conditions), the patient may complain of "brittleness" of the hair with abnormal "falling"—and an unusual "dryness" of the scalp... for which local treatments may prove an unusually helpful supplement to systemic therapy. For such cases, Parker Herbex provides rationally formulated medical products... and a scientifically devised method of application to hair and scalp—to be followed either by the nurse, salon attendant, or by the patient. A 117-page handbook, "The Hair and Scalp" (prepared by a physician and available exclusively to the profession), gives full details.

**PARKER HERBEX CORPORATION**  
607 Fifth Avenue New York, N. Y.

**SEND FOR VALUABLE 117-PAGE BOOK—FREE!**

Parker Herbex Corp.  
607 Fifth Ave., N.Y. C.  
Please send me a free  
copy of "The Hair  
and Scalp."

Name .....  
Address .....  
City .....

# HYPERTENSION

## Like a bolt from the blue

Hypertension is often observed in apparently healthy individuals. Like a bolt of lightning from clear blue skies, this discovery is frequently a great shock to the patient. In nervous individuals, the finding should be guarded; but in any case suitable treatment must be instituted to lower blood pressure from dangerous levels.

ALLIMIN, the *safe* hypotensive for long-continued use, provides a means for bringing high blood pressure down to safer levels. Working smoothly and gradually, through its action as a peripheral vasodilator. ALLIMIN often provides a very substantial reduction in blood pressure—the beneficial results persisting throughout the period of medication.

Very frequently such distressing hypertensive symptoms as headache and dizziness respond most favorably to ALLIMIN medication. The relief obtained is often

gratifyingly prompt and efficient. Sometimes symptoms abate within a few hours after instituting treatment. The intestinal antiputrefactive action of ALLIMIN, so desirable in patients with hypertension, provides another beneficial effect.

Since prolonged treatment is generally indicated in cases of hypertension, it is most important to know that ALLIMIN is free from toxic or otherwise deleterious drugs and causes no unpleasant side reactions or undesired after effects. It has no incompatibles and no contraindications.

Tasteless, odorless, enteric coated ALLIMIN Tablets each contain 4.75 gr. dehydrated garlic concentrate and 2.37 gr. dehydrated parsley concentrate. The minimal dose is 2 tablets with water, t.i.d., to be swallowed, not chewed. Recommended in intermittent courses of administration, skipping every fourth day. For liberal professional sample and literature, just sign and mail the coupon.

### NEWLY PUBLISHED—

An informative, useful and critical forty-page monograph, summarizing present status of incidence, mortality and morbidity, symptoms, classification, pathogenesis and treatment of arterial hypertension. Available to physicians upon request.

VAN PATTEN PHARMACEUTICAL CO.  
500 North Dearborn Dept. M.E. Chicago

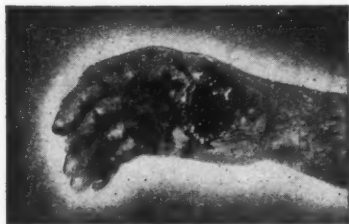
Gentlemen: Please send monograph on hypertension, professional sample of ALLIMIN and covering literature.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

# Of MULTIPLE Efficacy in BURN AND WOUND Therapy



Right thumb shortly after amputation by a buzz-saw. Metacarpal divided at its distal two-thirds.

## VITAGUENT (NASON'S)

- 1 Stimulates granulation and epithelization — even on diabetic patients — shortening the period of invalidism.
2. Diminishes general intoxication in burn and wound cases.
3. Forms no thick nor adherent coagulum, thus reducing the probability of infection, and making secondary infections, if they occur, easier to control.
4. Minimizes pain caused by dressing — requires changes of dressing less frequently.
5. Reduces need for skin grafting because necrotic parts are cast off rapidly and because deep burns can be recognized early, appropriate action taken.
6. Leaves a good cosmetic effect: little pigmentation, no scars or keloids on delicate new skin, minimal cicatrization.

Reports of investigators, beginning with Lohr in 1934, show how *external cod liver oil therapy* is effective in several simultaneous ways in promoting the healing of Burns, Wounds, Sores and Ulcers:



27th day after accident and subsequent dressings with Nason's VITAGUENT (Cod Liver Oil Ointment).

For physicians who wish to utilize these multiple therapeutic effects, VITAGUENT (Nason's) is an ointment which embodies cod liver oil of a grade rich in vitamins. VITAGUENT facilitates the use of the external cod liver oil technique because it is a standardized pharmaceutical in an easy, simple-to-use form, with a pleasant odor. It has stimulating, astringent properties due to the presence of 1% Zinc Borosalicylate (T-N. Co.).



## VITAGUENT (NASON'S)

Distributed ethically by leading prescription druggists, in 1 and 4 oz. tubes; 1 lb. jars.

Physician's sample on request.

**TAILBY-NASON COMPANY**  
Rendall Square Station, BOSTON 42, MASS.

So far as the racketeers in white are concerned, however, kickbacks from oxygen-therapy companies and pathological laboratories are merely small change. "Big money" comes from treating workmen's compensation cases. Approximately \$50,000,000 is disbursed annually in New York State for the benefit of injured working men. No less than a \$5,000,000 to \$10,000,000 slice of this sum is estimated by John F. Symonds, chief of the division of confidential investigations of the State Insurance Fund, to go into the hands of workmen's compensation rings.

The compensation rings operate more or less independently, but they employ identical techniques and methods. At the center of each is found a physician with from two to ten attorneys or representatives (lay persons licensed by the state to represent compensation claimants) at the circumference feeding cases to him. Inflated medical bills, the proceeds of which are shared by the attorneys, representatives, and doctors, provide the ring's chief source of revenue.

Except where he "clips" a claimant for a share of the award, a representative or attorney is limited to the fee set by the referee, rarely exceeding \$50. But there is no ceiling on the amount which can be charged for alleged medical services, and by running up huge medical bills each case can be made to yield several hundred dollars to the ring.

Most claimants are bewildered by the complexities of the judicial

process, and it is not difficult to persuade them that they ought to have a lawyer, especially when the runner informs them that "it won't cost a cent." Runners do not bother to enlighten them that the attorney's fee is deducted from the amount of compensation awarded by the referee.

The representative has two motives in sending a client to a ring doctor. Not only is he interested in obtaining his share of the medical fees, but also he wants a physician who can be relied upon to exaggerate the injuries and build up the case.

Regardless of what ring doctor a claimant goes to, the treatment invariably is the same. Whether the ailment is a cut finger, a sprained ankle, or lead poisoning, either physiotherapy or injections, or both, are sure to be prescribed. Physiotherapy and injections are ideally adapted to the assembly-line techniques employed by certain so-called compensation specialists. Both can be administered rapidly and do not require the physician to be present. Although they probably will not do any good, they seldom do serious harm.

After the initial cursory examination, at which he is directed to come for treatment three times a week, the claimant may not see the ring physician again for several weeks or even months. Although the law forbids anyone but a registered nurse or licensed physiotherapist to give treatments, and then only "under the active and personal supervision of an author-

To help

put your pants



**Each fluid ounce of TROPHONINE X contains:**

Thiamin Hydrochloride (vitamin B <sub>1</sub> )	5 mg.
Riboflavin (vitamin B <sub>2</sub> )	2 mg.
Niacinamide	10 mg.
Calcium Pantothenate	1.5 mg.
Pyridoxine Hydrochloride (vitamin B <sub>6</sub> )	0.75 mg.
Carbohydrates (dextrin, dextrose, lactose, maltose and sucrose)	4 gm.
Amino acids and other hydrolyzed protein derivatives	1.6 gm.
Alcohol (as a fine wine) by volume	19.5 %
Colored with caramel and agreeably flavored.	

**Dosage:** For adults, 2 to 4 tablespoonfuls daily, as directed by physician. (Two tablespoonfuls of Trophonine X contain the minimum daily requirement of riboflavin, and the recommended daily requirement of niacinamide. Two tablespoonfuls also contain more than the minimum daily requirement of thiamin.)

**Available:** In 12 oz. and 1 gal. bottles.

# parts "on top of the world"

## —A NEW, PALATABLE HIGHLY NUTRITIOUS FOOD SUPPLEMENT

# TROPHONINE X

Fatigue, nervousness and irritability are characteristic symptoms of patients who feel "below par", and are not infrequently the result of deficiencies of important accessory food substances, especially factors of the vitamin B complex, amino acids and carbohydrates. Deficiency of these substances is so prevalent that Trophonine X should be considered not only for invalids and convalescents, but also as an aid in restoring every patient to normal health and well being.

**AMINO ACIDS:** Trophonine X is a rich source of amino acids and other hydrolyzed protein derivatives required for the synthesis of body proteins. The quality as well as the quantity of food proteins is important, as the dietetically indispensable amino acids cannot be produced by the body. Without an adequate supply of "essential" and other amino acids, all of which are found in Trophonine X, the normal metabolic and physiologic processes of the body are retarded, and health and well being impaired.

**VITAMIN B COMPLEX:** The essential nutritive factors of the vitamin B complex in Trophonine X stimulate appetite and promote growth and cellular metabolism. Syndromes characteristic of deficiencies of these factors occur in "run down" and convalescent patients and invite the administration of Trophonine X.

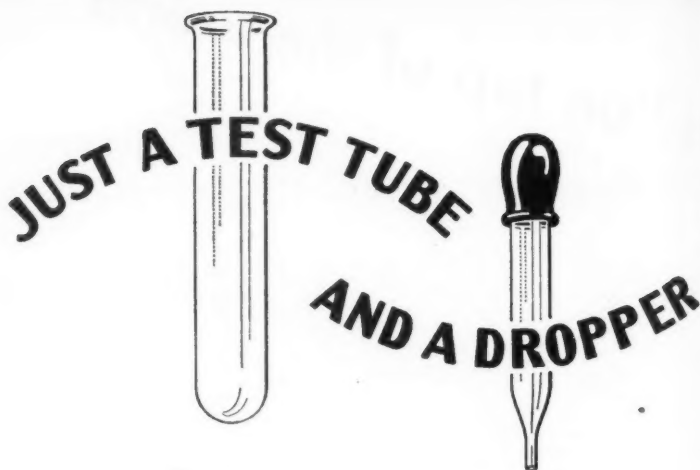
**CARBOHYDRATES:** Trophonine X contains the energizing carbohydrates — dextrin, dextrose, lactose, maltose and sucrose, which aid in maintaining bodily warmth and energy for muscular effort.

**Indications:** Trophonine X may be prescribed wherever a palatable, highly nutritious and easily assimilable source of supplementary carbohydrates, amino acids and the essential factors of the vitamin B complex is indicated. Aids in restoring debilitated and "run down" patients to normal health and well being. Valuable when the diet has been restricted through economic considerations, over-refining of foods, or gastronomic preferences; and in febrile conditions, old age, and during convalescence from acute diseases and operations, especially when solid food is interdicted or deglutition difficult.

**REED & CARNRICK, JERSEY CITY, N. J.**

### ALSO AVAILABLE:

**TROPHONINE:** Identical with Trophonine X, except that vitamin B complex factors are not included. Contains amino acids and other hydrolyzed protein derivatives (5%), and the carbohydrates lactose, dextrose, dextrin, maltose, and sucrose (12%), with alcohol in the form of a fine wine (19.5%).



**T**hat's all the apparatus you need when you analyze for Urine-Sugar

WITH  
**CLINITEST**  
**TABLET METHOD**

*A Copper Reduction Test*

**A SIMPLE, TIME-SAVING TECHNIC**

- ① 5 drops urine + ② 10 drops water + ③ Clinitest Tablet  
 Allow for reaction—then compare with color scale.

**NOTE: No External Heating Employed.**

Available through your prescription pharmacy or medical supply house. Write for full descriptive literature. DEPT.

**EFFERVESCENT PRODUCTS, INC.**  
**ELKHART, INDIANA**



ized physician," cases were found in which physiotherapy had been administered by the doctor's wife, receptionist, secretary, or anyone else who might be handy.

Even the initial examination is occasionally dispensed with. As part of her customary routine, a receptionist employed by a ring doctor commenced baking the foot of a city employe although he had never been examined. After several such treatments, the patient finally saw the doctor, who, still without examination, informed him: "You are getting along fine, but you need another treatment."

Overtreatment is general. For example, a cut index finger allegedly required forty-six treatments, a fractured toe fifty-seven, a pain in the back eighty-one, a twisted ankle ninety-eight, and a sprained back two hundred and twenty-eight.

As a routine matter, all claimants are sent immediately for X-rays, even if numerous X-rays already have been taken. One attorney explained to a claimant: "We got to have private X-rays; we can't trust those from the city hospital." Most of the time, however, the ring doctor is not at all interested in the roentgenologist's report; in almost every instance it contradicts his own diagnosis. What he is interested in is a juicy 30 to 40 per cent kickback from the roentgenologist's fee. One X-ray laboratory alone kicked back \$30,000 on compensation cases in 1942 to 250 doctors.

Not even the swollen profits

from overtreatment and kickbacks are sufficient to satisfy many ring doctors. Commissioner Herlands states that "bill padding is an exceedingly prevalent practice." Thirteen doctors were found to have submitted fraudulent bills to the city. One doctor charged an average of twenty-eight visits more than the claimants actually made to him. This doctor admitted that his income jumped from \$8,000 to \$30,000 a year after he joined a ring. He has been indicted.

Insurance companies also receive padded bills. To see that his bills were not too carefully scrutinized, one doctor admitted he had paid employes of the State Insurance Fund and various insurance companies sums ranging from \$150 to \$500.

If the interests of the ring doctors happen to coincide with those of their patients, it is merely fortuitous. Claimants are only pawns in the game of collecting compensation fees. Ring doctors have consistently demonstrated a willingness to sacrifice a patient's welfare for cash on the line.

A city employe injured his knee. He was treated by his family physician and returned to work a month after the accident. Five months later he came into the hands of a ring doctor, who commenced treating him with physiotherapy. After seven months of physiotherapy, the ring doctor sent him to a surgeon, who recommended removal of the semi-lunar cartilage, although the Labor Department had ruled "No active

# MURINE

FOR  
YOUR EYES

## A BUFFERED, ISOTONIC COLLYRIUM

As a buffered Collyrium, Murine provides the physician with the advantages of a bland, highly efficient cleansing agent, complementing the normal functions of the tear gland without irritation.

Isotonic with the tears, mildly alkaline, slightly astringent, Murine thoroughly cleanses the conjunctiva, and is therefore indicated in simple conjunctivitis and inflammation due to irritations.

### MURINE CONTAINS:

Potassium Bicarbonate, Potassium Borate, Boric Acid, Berberine Hydrochloride, Glycerine, Hydrastin Hydrochloride, Sterilized Water, 'Merthiolate' (Sodium Ethyl Mercury Thiosalicylate, Lilly) .001%.



*We shall be glad to send you further information about Murine, upon request. Please enclose professional card or Rx blank.*

**THE MURINE CO., INC.**

660 NORTH WABASH AVENUE, CHICAGO

treatment indicated." Authorization for an operation was finally secured from another Labor Department doctor. As a result of this operation, the employee had to be retired from the regular city payroll as permanently disabled. For his "services" the ring doctor collected \$254.

Organized medicine contends there is little more it can do about kickbacks and other abuses, since at present its powers are strictly limited. For example, the Medical Society of the County of New York has asserted that it cannot deal with the problem adequately without being vested "with greater disciplinary power." It points out that "in the case of its own members, the maximum penalty it can impose is expulsion from the society. It has no control over those outside the ranks of organized medicine." The society notes that most of the doctors implicated in the scandals are nonmembers of the society and therefore outside its jurisdiction.

"Give us the tools and we will do the job," the medical society has promised.

These tools should be furnished without delay by legislatures all over the country. Vigorous action must be taken by the medical profession to clean its own house. Only in this way can the public's health and the profession's prestige be safeguarded, and the need for governmental action obviated. The racketeer in white can no longer be tolerated.

—HAROLD SEIDMAN

# HOW COMPLETE SHOULD A MULTIVITAMIN PRODUCT BE?

# Completeness

BESIDES recommending definite quantitatives for vitamins A, D, C and B Complex, The National Research Council states that other members of the B-Complex (natural B Complex factors) and minerals should be taken into consideration in multivitamin therapy.

Many products do not contain either natural B Complex factors or minerals. The Stuart Formula contains natural B Complex factors from Hi-Potency Yeast, Grain Concentrate, Yeast Extract and Liver Extract... thus your patient receives the benefit of unidentified as well as known vitamins. In addition The Stuart Formula contains Ferrous Sulphate, Manganese Sulphate and Potassium Iodide.

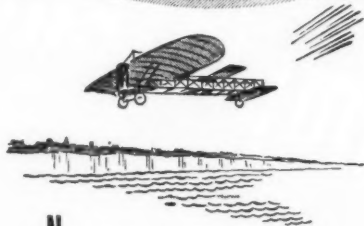
In a recent comparison with the six leading multivitamin products from the six leading ethical pharmaceutical houses, it was found that The Stuart Formula gave the highest potencies and the best balance at the lowest cost per vitamin unit.

SOLD THROUGH ETHICAL METHODS ONLY

**The Stuart Company**

PASADENA, CALIFORNIA • WINNETKA, ILLINOIS

the **Stuart**  
formula



**N**ow that Fortresses and Lightnings are in the air it would be just as short-sighted to fly the channel in Bleriot's plane as it is to stay with "bile salts and cathartics" in attacking biliary stasis.

Modern, chemically pure substances of specific, predictable action for bile stimulation and bile substitution are provided in dehydrocholic and desoxycholic acids. Dehydrocholic (Triketocholanic) acid flushes the bile ducts by more than doubling the volume of fluid bile from the liver. Desoxycholic acid activates the fat-splitting enzyme in the pancreas and blood.

These major bile acids may be had in one convenient, potent preparation—It is

## DOXYCHOL



*Furnished in  
tablet form  
in bottles of  
100 — 500  
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**George A. Breon & Company**  
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## GROUP vs. SOLO PRACTICE

*Need for redistribution of health services suggests  
re-examining the advantages of group practice*



The health care problem of the United States has suddenly changed from one in which economics played the major role to one in which questions of payment take second place. Distribution now holds the spotlight.

Before World War II we had a ratio of 1 doctor to 730 people. Now we must provide physicians for a large armed force. This will revise our ratio of doctors to population downward to about 1 per 1700.

This numerical problem is important, but another problem must be considered with it. The doctors left behind are those who are more highly specialized, further away from medical school, handicapped by age and possibly by infirmities. Still, they must meet the needs of an ever-growing production army which is far more important in this war than it was in World War I. This brings us back to our initial thesis: the need for immediate study of existing methods for distributing medical care.

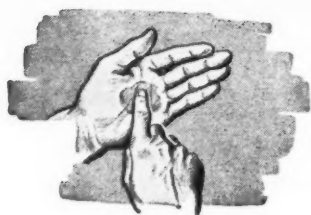
Doctors always have practiced either by themselves or in teams of two or more. Let us call the former method *solo* practice and the latter *group* practice (remem-

bering not to confuse group practice with a method of payment for medical care). Our fundamental choice is between these two ways of distributing medical care. Which yields the greatest effectiveness per unit of the doctor's time and energy?

Let's examine how group practice came into being. Originally, medicine was practiced by the medical soloist. As the rudimentary hospital system developed, so did the custom of having sick people (usually the poor sick) treated at the hospital with the heretofore soloist in attendance.

The growing hospital system cut two ways. It increased the physician's skill by giving him a greater variety of cases to study. At the same time it gave the sick better trained physicians. It rapidly demonstrated that if doctors planned their efforts, they could care for more cases jointly than they could as soloists.

An important stimulant was the success of some physician family groups. Fathers and sons, or brothers, all doctors, found that they could give better and more complete medical care when working together than they could working



## Non-Irritating Bulk

—non-digestible and non-absorptive of  
vitamins—makes this hydrophilic colloid  
a favored laxative in colitis

# Mucilose



*This highly purified hemi-cellulose is available in 4-oz. and 16-oz. bottles as Mucilose Flakes and Mucilose Granules.*

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Since 1855 . . . ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

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SYDNEY, AUSTRALIA   AUCKLAND, NEW ZEALAND

alone. In some places, small groups of doctors gravitated toward a specialist as their center. In almost every case, these groups found that such coordinated practice effected economies of time and money. Departmentalized work allowed each cooperating physician to concentrate more fully.

ferences and meetings; progress, or lack of it, is noted through staff reports, demonstrations, and joint rounds. By the use of frequent clinical conferences staff doctors get a noticeable amount of supervision and with it a lot of painless post-graduate teaching.

There is no theory involved

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More feverishly than ever the search continues for a national health program that will satisfy the laity and be acceptable at the same time to the profession. Most physicians want to preserve the essential elements of private practice. The Administration wants a compulsory, tax-supported system. Other groups want combinations of the two. ¶ An AMA program is in process of evolution (see page 35, this issue). The Administration plan, as reflected in the Wagner-Murray-Dingell legislation, has been reported already (see August MEDICAL ECONOMICS). What, then, about other plans now being proposed? One of them is described

here by Dr. Kingsley Roberts, director of the Medical Administration Service, of New York. Dr. Roberts' organization is a non-profit body doing research in medical economics and financed by one of the leading foundations. His proposals are not so much a concrete plan as they are an ideological pattern for overhauling the American system of medical care and practice. ¶ The views expressed by the author are his own. They do not necessarily coincide with those of MEDICAL ECONOMICS. An amplification of them may be found in the Medical Administration Service pamphlet, "Coordinate Medical Manpower."

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Today's voluntary and tax-maintained hospitals could not possibly care for the number of patients they do daily in their wards and out-patient departments were it not for the organized practice that goes on within their walls. Their staffs are highly departmentalized. There is an almost military system of ranking. Interdepartmental efforts are coordinated through con-

here. These are facts. The result is that ward patients in American hospitals, generally speaking, have better medical care than any similar group in the world. If this is true of the free cases treated in our hospitals, why is it not true also of the paying cases? In some instances it is true. There are existing samples to show it.

Group practice units vary in or-

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**SHARP & DOHME**  
**ANNOUNCES**  
**SULFAMERAZINE**

•

Sulfamerazine, or 2-sulfanilamido-4-methylpyrimidine, is a new compound which will simplify dosage and lower costs in sulfonamide therapy.

Sulfamerazine was developed at the Medical-Research Laboratories of Sharp & Dohme and has been subjected to intensive pharmacologic and clinical examinations during the past few years. Supplies of this new drug will soon be generally available.

***Rapidly absorbed . . . slowly excreted***

In comparison with sulfadiazine, sulfamerazine is more rapidly and completely absorbed from the gastrointestinal tract and more slowly eliminated by the kidneys. Thus smaller or less frequent doses of sulfamerazine are necessary to produce and maintain therapeutic concentrations of the drug in the blood and tissues.

Moreover, free and acetylated sulfamerazine are more soluble in neutral or acid urine than are the corresponding forms of sulfadiazine.

---



This fact, together with sulfamerazine's slow rate of excretion, diminishes the possibility of drug concretions in the urinary tract.

### ***Small, infrequent doses***

The less frequently required doses of sulfamerazine reduce sulfonamide therapy to its simplest, most economical terms. In diseases in which four to six doses of sulfadiazine (or other sulfonamide) are given daily, the same therapeutic results may be obtained with a minimum of inconvenience to the patient and at proportionately lower cost by only two to three doses of sulfamerazine.

**ADMINISTRATION . . .** Sulfamerazine tablets are administered by mouth in the treatment of infections caused by pneumococci, streptococci, meningococci and gonococci. Solutions of sodium sulfamerazine can be given intravenously.

Moreover, the smaller dose and longer retention of sulfamerazine have suggested the new drug's value as a prophylactic against certain infections. Sulfamerazine is no more toxic than sulfadiazine and appears to be safer, especially with regard to the possibility of urinary complications.

Supplied in 0.5 Gm. and 0.25 Gm. tablets. Sodium Sulfamerazine Powder (for intravenous solutions) is available in vials containing 5 Gm. Detailed information concerning sulfamerazine may be obtained upon request from the Medical-Research Division.

*Sharp & Dohme*  
PHILADELPHIA (1) PA.

**UNITED DRUG COMPANY and YOUR REXALL DRUGGIST**  
YOUR PARTNERS IN HEALTH SERVICE



U. D. Products  
are available  
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**U. D. EUDICAINE OINTMENT**  
Affords instant relief from itching

From one of America's most modern pharmaceutical laboratories comes Eudicaine Ointment, a soothing emollient with analgesic qualities which gives prolonged relief from itching, due to irritated nerve endings as in pruritis ani et vulvae. Eudicaine Ointment reduces the danger of lesions caused by scratching and the serious mental upsets which frequently cause difficulties for the physician as well as his patient. It is also indicated in cases of hemorrhoids, dry eczema and chapping as well as other skin irritations such as superficial burns, insect bites and sunburn.

As a companion product to Eudicaine Ointment, U. D. offers Eudicaine Compound Rectal Suppositories, based on the same type of proved and effective formula. Their immediate use frequently avoids the necessity for surgery.

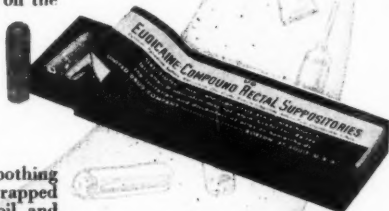
For prescription purposes Eudicaine Ointment comes in convenient 1 oz. injector tubes, and is also available in 1 lb. jars.

The suppositories, molded in a soothing cocoa butter base, are individually wrapped in waxed paper and aluminum foil and conveniently packaged in a slide cover box with detachable label for prescription use.

Your convenient Rexall Drug Store carries a complete, fresh line of quality U. D. products including Eudicaine Ointment and Suppositories. Trained



pharmacists stand ready to fill your prescriptions accurately, and your recommendation of Rexall facilities



will be welcomed by your patients because of the economy it affords them.

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ganization. Basically, however, they are made up of associated specialists and general practitioners, representing as nearly as possible all recognized subdivisions of modern medical practice. The surgeon gets the benefit of the medical man's opinion, the pediatrician gets the benefit of the skin specialist's opinion, and so on. Since this exchange of ideas takes place within the unit, none of the participating physicians has to worry about the effect of such consultations on his own economy. As a general rule, the group is organized around a leader who, either himself or through an executive committee, decides the general policy of the unit and settles organizational details.

The more closely these details are worked out to allow the patient to pay one fee only for all the unit's services and the nearer the payment of the doctors themselves approaches the equivalent of a full-time salary, the more salutary is the effect of the unit on the community. Cooperation replaces competition between the doctors in the unit—but competitive stimulus between the various groups is in no way affected.

Business details are usually handled by a lay business manager who is responsible for setting fees, collecting money, purchasing supplies, maintaining equipment, and distributing funds under the direction of the professional leader. Sometimes the business manager is also public relations counsel for the unit.

Since the doctors pool their resources, unit physicians can buy and maintain the best equipment. In the same way, they can employ the best type of auxiliary personnel. These, in turn, automatically tend to increase the effectiveness of the physician in relation to the time and energy he must expend. Naturally, since the unit doctors are constantly rubbing elbows with each other, an automatic intra-unit review of actions and policies is constantly going forward. From the Virginia Mason group in Seattle to the Stevenson-Charlottesville-Martin group in San Diego, the Pacific Coast is dotted with group practice units. From the Lahey Clinic in Boston to the American Cast Iron Pipe setup in Birmingham, from the Mayo Clinic to New Orleans and back and forth across the country, there are more than two hundred of these units.

And as a medical man who has practiced both in a coordinated group and as a soloist, I make the statement that where such units are intelligently administered—and most of them are—better medicine is practiced. I have seen many of these places and viewed their operations with a critical eye. Some were doctor-sponsored, some were cooperatives, while others were managed by community interests.

A lot of distracting and confusing arguments have been introduced into this group practice picture. The usual one is that group practice units are essentially agglomerations of specialists and

that 85 per cent of illnesses do not need specialists' attention. Hence, argue the objectors, the mechanism is too cumbersome to handle most cases. By the same token, because of this top-heavy set-up most patients going to group units are overtreated—"given the works." They are needlessly passed around from specialist to specialist.

While it may be true that 85 per cent of all illnesses *can* be taken care of without specialist care, it does not follow that they *should* be handled without the additional knowledge a specialist can bring to bear. The great body of medical science is too vast for any one man to grasp. Where group medical practice units do *not* exist, no reasonable patient complains when his general practitioner refers him

to a specialist—and this happens with remarkable frequency. In a group practice unit, needed specialist attention is available more easily and more economically.

Groups need not be overspecialized. They need not be cumbersome. Most of them, in fact are highly efficient and practical.

Why have not more doctors formed groups if such practice is so desirable? In most communities this is not the traditional method of practice—and physicians, like all humans, are slow to upset tradition. In many instances, doctors who have wanted to form units have not had enough resources to get a common office and equip their laboratories. In other cases, doctors who wanted to participate have not had enough in-



#### GLYCO-THYMOLINE

### Gives Speedy Relief

Use this alkaline solution to help loosen and dissolve sticky mucous secretions; soothe irritated mucous membranes and speed the return to normal conditions.

### In COLDS and Throat Irritations

**KRESS & OWEN COMPANY, 361-363 Pearl Street, New York 7, N. Y.**



**1. You know the kind of person we mean . . . he's working harder than ever now, and has extra worries on his mind due to the war, priorities, taxes, and things like that. It's getting on his nerves.**



**2. He needs to sleep soundly every night. Although he's one of those who are kept awake by the caffeine in coffee, he goes right on drinking it.**



**3. Then, of course, he can't sleep. If he'll only switch to Sanka Coffee, as many doctors suggest, he can still enjoy the cheer of good coffee—and be able to sleep, too.**



**4. For Sanka Coffee has had 97% of its caffeine removed . . . without removing any of the grand flavor or aroma. Sanka Coffee is all coffee . . . real coffee . . . yet it can't keep anyone awake!**

# SANKA COFFEE

New "All-purpose" grind—  
vacuum packed in glass jars.



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**REAL COFFEE . . . 97% CAFFEIN-FREE! DRINK SANKA AND SLEEP!**



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(HEXESTROL-PHENOBARBITAL)

## A Step Forward in Menopausal Therapy

In presenting Hexital, Ortho makes available to the medical profession a new therapeutic agent, which affords three distinct advantages:

- I Lower incidence of nausea and other by-effects.
- II More complete control of symptomatology, including alleviation of nervous disturbances.
- III Economy and convenience for the patient, in that two frequently-prescribed medicaments may be obtained in a single prescription.

The estrogenic component of Hexital, hexestrol, is significantly less toxic than stilbestrol. Moreover, recent clinical investigations indicate that the combined use of hexestrol and phenobarbital (Hexital) affords an even further reduction in the incidence of by-effects.



Hexital is available in scored tablets for oral use. Each tablet contains 3 mg. hexestrol and 20 mg. phenobarbital. Literature available on request.

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me to run the risk of change  
er from one type of practice to  
other. Sometimes they have  
ared reprisals from their com-  
munity competitors in the form of  
ss of hospital appointments and  
e like. Some units have been  
rned and broken up because of  
ternecine bickerings and strife.  
One of the most common rea-  
ns for the dissolution of group  
actice units is the question of  
ayment. In any given set-up, one  
ctor is likely to be more compe-  
nt or more popular than his col-  
agues. In that case, if the unit  
erates on a fee-for-service basis,  
e gets more patients and more  
es. The logical solution for this  
difficulty is payment of a fixed sal-  
y to every participating physi-  
an.

Naturally, some doctors are psy-  
chologically unsuited to group  
actice. Such individualists serve  
e community better by sticking  
solo work. It must be admitted,  
esides, that doctors often have  
sisted the formation of units be-  
cause they feared the medical  
ams as successful competitors in  
e community. In my experience,  
tients who have been treated in  
ell-administered group practice  
uits prefer to continue under  
ch care rather than go back to  
e solo practitioner.

Like a bright light on a some-  
hat befogged horizon shines this  
et: Ten doctors in a medical  
actice group can care for more  
eople per unit of doctor's time  
nd energy than can ten doctors  
actice solo, each in his own of-

fice, each competing with the oth-  
ers, each duplicating some of his  
rivals' equipment and auxiliary  
personnel. This is accomplished  
principally because the doctors  
are not competing with each other  
in the usual sense. They share of-  
fice space, diagnostic equipment,  
and personnel. Intelligent admin-  
istration lets the patient get to the  
physician best fitted to take care  
of him. What is most important,  
the physician is surrounded and  
aided by well-trained assistants  
with whom he is accustomed to  
work.

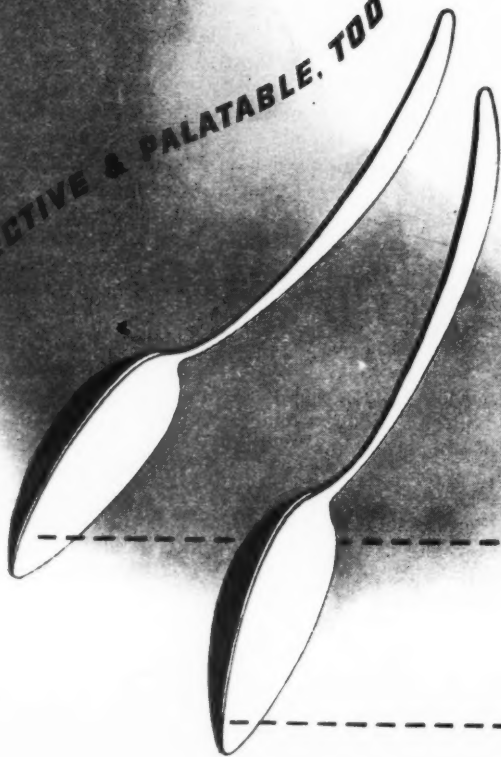
Surgical teams, so common in  
most hospitals, are a good exam-  
ple of this kind of teamwork. Each  
chief surgeon has at least one, and  
frequently two, assistants; one or  
two surgical nurses; and an an-  
aesthetist. The team is served fur-  
ther by supervisors, other nurses,  
and orderlies. Such teams devel-  
oped because the senior surgeon's  
energy and skills can be conserved  
best in this way. Similar organiza-  
tional patterns can be built up to  
facilitate the work of internists  
and other specialists.

Doctors organized into groups  
work in close interrelationship.  
Each sees what the other does and  
how he does it. Since the team's  
reputation is determined by the  
reputation of its individual mem-  
bers, each physician in the unit  
must of necessity do all he can to  
keep his confreres at the highest  
professional level. In my experi-  
ence it is harder for the individual  
doctor to fall behind professional-  
ly when he is a member of a unit

**2**

## **OUTSTANDING TONICS**

**EFFECTIVE & PALATABLE, TOO**





Ill-flavored preparations too often defeat the ends of tonic therapy by causing the patient surreptitiously to discontinue medication.

Many physicians, therefore, recognize the importance of selecting a tonic which is not only highly effective, but *outstandingly palatable*, as well.

Both Eskay's Neuro Phosphates and Eskay's Theranates—judicious combinations of established tonic ingredients—precisely fulfill this requirement. They are so light, so easily tolerated and so agreeable to the taste that the most difficult patient does not tire of them, even with continued use.

Physicians who have relied on Neuro Phosphates and Theranates have found that reliance fully justified. *They prescribe them because they work.*


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## ESKAY'S NEURO PHOSPHATES

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A CLINICALLY PROVED FORMULA

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THE FORMULA OF ESKAY'S NEURO  
PHOSPHATES, PLUS VITAMIN B<sub>1</sub>



**SAFEGUARDS  
for Tolerance in  
Salicylate Therapy**


Merrell's *Natural Salicylates*  
are combined in 1:2 ratio with  
selected alkaline salts.

**ALYSINE**

Brand of Natural Salicylate and Alkaline Salts

Elixir—Powder—Effervescent Tablets

T. M. "Alysine" Reg. U.S. Pat. Off.



115th Year

THE W. M. S. MERRELL COMPANY - CINCINNATI, U.S.A.

In  
**ECZEMA  
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etc.

**TEN-O-SIX LOTION** gives patient relief promptly from the torturing itch caused by eczema, acne, dermatoses, athlete's foot pruritus vulvae, etc. By temporarily relieving the irritated nerves, the patient abstains from scratching.



Send coupon for trial bottle.

**BONNE BELL** ME 9-43  
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Please send me bottle of TEN-O-SIX LOTION for clinical test work.

Dr. ....  
Address. ....  
City & State. ....

**TEN-O-SIX**

than when he is in practice for himself.

The establishment of group practices is to be regarded as in the best interests of the public. But does it yield the greatest effectiveness per unit of the doctor's time and energy? I believe it does. I can see no better way to compensate for doctors who will be withdrawn from civilian practice than by increasing the effectiveness of the physicians remaining by urging them to form such medical practice groups.

We have a model for these groups in our voluntary and tax-maintained hospital staffs, as well as in the private physician "clinics" so often found in the West and South. With a few relatively simple changes these staffs can begin functioning for the community on lines broader than any heretofore used. I believe that each community will produce its own medical administrative leaders to head up such units.

Any system of health service and medical care which waits for disease to develop before going into action is outmoded. We cannot lick today's and tomorrow's problems with yesterday's weapons. We must actually *look for trouble*. This calls for the development of a rational program of health conservation and preventive medicine. Well administered groups of physicians operating in place of isolated practitioners would be a most effective means to this end.

—KINGSLEY ROBERTS, M.D.

# Regulative Trio...

1 2 3

**ANTACID LAXATIVE LUBRICANT**

**HALEY'S  
M-O**  
REG. U.S. PAT. OFF.



Three factors combine to make Haley's M-O a widely prescribed therapeutic agent—its quick-acting antacid properties—its fecal-softening action—its regulative function.

It is a blending, by a special process, of Phillips' Milk of Magnesia plus pure Mineral Oil.

The antacid action brings quick relief. Minute subdivision of oil globules assures a thorough distribution and mixing of the oil with

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Haley's M-O is not only effective in ordinary cases of constipation, but also in the treatment of bowel irregularities associated with pregnancy and hemorrhoidal conditions.

Each tablespoonful contains Phillips' Milk of Magnesia  $\text{M}_{\text{iii}}$  and Mineral Oil  $\text{M}_{\text{i}}$ .

*Dosage: 1 to 2 tablespoonfuls before breakfast or at bedtime.*

Supplied in 8 oz., 1 pt. and 1 qt. bottles.

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# TYREE'S ANTISEPTIC POWDER

*Safe, Dependable,  
Effective . . . .*

*. . . in treating  
your patients with  
vaginal infections.*

- \*123 CASES MISCELLANEOUS  
VAGINAL INFECTION  
TREATED WITH TYREE'S

NAME:

AGE: 30

ADDRESS:

HISTORY: Menses started at twelve years.  
Regular until two months ago.  
Pain in back, constipation and  
leucorrhea.

- EXAMINATION: Vagina reddened and in-  
flamed; uterus enlarged. Smears  
examined in pathological lab-  
oratory showed trichomonads.

DIAGNOSIS: Pregnancy and trichomonas  
vaginalis.

TREATMENT: A two weeks course of treat-  
ment consisting in douches  
twice a day relieved the dis-  
charge and afforded the patient  
perfect comfort. A routine  
check-up after eight weeks  
showed no recurrence of the  
infection.

\*ONE OF 123 CASES REPORTED  
IN A STUDY BY TOVEY IN THE  
JOURNAL-LANCET, MARCH, 1937

J. S. TYREE, CHEMIST, INC.

*Makers of Cystodyne (Tyree) used in treatment of G. U.  
Infections, and Tyree's Antiseptic Powder.*

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## Do You Use the Phone to Cut Your Volume of Calls?

*It's a good idea if you're busy,  
but watch your collections!*



Where medical men are in especially heavy demand, the policy of substituting phone calls for non-essential office and house calls has great appeal for the hard-pressed physician.

Said a general practitioner interviewed recently in a town that has few civilian doctors left:

"If you're as rushed as we are here, greater use of the telephone is inescapable. My secretary now takes all incoming calls, rarely switching any to my line. Instead, she jots down what the patient has to say and passes the accumulated slips on to me several times a day. I then hold a phone session at which I call each patient and try to determine if a visit is necessary. If it isn't, I suggest what can be done in my absence.

"Naturally, I don't attempt much diagnosing over the phone. Nor do I prescribe any but the simplest remedial measures for the patient to undertake.

"Doing a fair amount of work by telephone may imply quite a loss in fees. But in my opinion such a loss need not occur. More often than not, you can collect for phone calls—provided of course that help-

ful advice is given and the call isn't simply a request *by the doctor* for information.

"The approach I use in my practice is something like this:

"When concluding a visit I say, 'I'm pretty busy these days. I'd like to check on your condition again tomorrow, but I think this can be done as well by phone as in person. I should explain that I've adopted a policy of charging for phone calls when advice is given, since there are so many of these calls to be made now. The fee, however, amounts to half my regular charge for an office visit; so when I can be of as much use over the phone as in person, it results in a saving of my time and your money.'

"I thought at first that this might encourage some people to phone rather than come in or request a house call—so as to avoid paying the regular fee. But seldom have unreasonable demands been made. To the few who do try to abuse the policy, I simply ask the old question, so useful in quieting bargain-hunters: 'How's your blood pressure?'

—ROBERT HAMILTON KIRKWOOD

# For Victory-Freedom-Life

**U**NENDING battles are going on within the great battles that rage throughout the globe — but these are battles for life, not death. Arms borne by our military surgeons are modern drugs and surgical instruments of the finest type. A goodly percentage of these instruments carry the name of Sklar — trusted the world over during peace, and now fulfilling their purpose in the skilled hands of surgeons attached to every branch of our armed services.

**J. SKLAR MANUFACTURING COMPANY**  
LONG ISLAND CITY, N. Y.

War demands have limited the instruments available for civilian use. We shall continue to do our best to supply essential civilian requirements. But for safety's sake, care well for the instruments you now have — make them last as long as possible.

WITH THE ARMORED DIVISIONS



## PATTERN FOR RESISTANCE

*Holland's heroic physicians decline  
to deal with the Nazi invaders*



Holland's 7,000 physicians have carried on a long and bitter struggle against Nazi occupation authorities ever since the German war machine overran their country nearly three years ago. Perhaps the most spectacular clash was one which occurred last July, when several hundred doctors were stripped of their property and thrown into concentration camps after they had publicly protested Nazi looting of Dutch food supplies.

In a letter to Reich Commissioner Arthur Seyss-Inquart, the doctors bluntly accused Germany of violating the Hague Convention, which permits requisitioning exclusively for the benefit of the army of occupation. The Nazis, as is well known, have been siphoning off huge volumes of food for shipment to Germany. This, according to the letter, has resulted in widespread hunger in Holland. "If considerable additional food is not obtainable beyond the current

provisions of the rationing system," the protest said, "undernourishment and finally death through hunger will be unavoidable."

There appears to be solid foundation for this prediction. Reports received through the Dutch underground indicate that the people are getting only about 1,500 calories a day. Diphtheria, tuberculosis, and rickets are said to be increasing sharply. A large number of medicines, including protargol, cocaine, urotropine, quinine, ephedrine, iodine, morphine, and atrophine, are either extremely scarce or altogether unobtainable. There is a lack of fuel to heat hospitals. Dutch nurses have been conscripted in wholesale lots to serve Germans on the fighting fronts. One underground source claims that the Nazis have decided to oust from hospitals old people "whose recovery is doubtful" to make room for the thousands of victims of a growing disease toll.

Once in control of the Netherlands, the Nazis lost no time in attempting to regiment the medical profession. One of their earliest decrees forbade Jewish doctors to treat Gentile patients. It is understood that Christian physicians

---

[This article is based upon material supplied by the Netherlands Information Bureau, which receives news from occupied Holland through various underground news services.



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Rely on*  
**VIM NEEDLES**

- for their sharp *hollow-ground* points
- for their knife-sharp, keen cutting edges
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- for their fabrication from Firth-Breareley Stainless Cutlery Steel
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Your surgical dealer has all standard sizes of VIM Needles. Order them by name: "VIM".



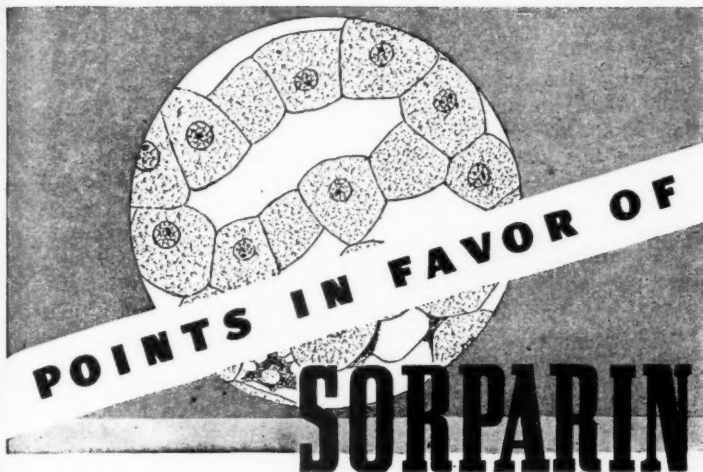
promptly circumvented this restriction by caring for the Gentile patients of their Jewish colleagues, and turning over to the latter all fees obtained from such work.

The Germans next began a campaign to put pro-Nazi doctors in important public-health posts and to make them support Nazi practices of racial sterilization and other theories labeled by the Dutch physicians as "pure paganism." Thousands of doctors refused to operate when the Nazis ordered the sterilization of Jewish husbands of childless Gentile women. On another occasion more than 5,000 doctors successfully opposed a Nazi proposal to draft them for service in Germany.

The first real revolt, however, came soon after the occupation authorities had succeeded in taking over the Netherlands Medical Society, the nation's most influential organization of physicians. According to underground sources, 90 per cent of the members resigned immediately. Then the society gave way to a Nazi-inspired group known as the Physicians Chamber, and membership in it was made a prerequisite to practice. Among other things, the new outfit denied the physician's right to hold in confidence knowledge of his patient's affairs—an instrument designed, no doubt, to facilitate the work of the Gestapo.

The Germans regarded the mass resignations as a snub to the chamber, which, of course, they were. For months the doctors continued to practice while they re-





(Ext. Sorbus aucuparia "McNeil")

## IN GALLBLADDER DISEASE

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\*The Postsurgical Biliary Syndrome: Rev. Gastroenterol. 10:62-69 (Jan.-Feb.), 1943.

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sisted pressure to force them into the Nazi organization. Then, last March, the Nazi secretary-general for social affairs demanded "formally that all physicians withdraw their resignations. A few days later, according to underground reports, this official was deluged with letters of refusal from the beligerent Dutch doctors.

The authorities then ruled that dues for the Physicians Chamber would be deducted from fees owed to doctors by the State Health Insurance Funds. Physicians countered by refusing to perform any work for the funds. When the Nazis threatened to impose heavy fines upon any M.D. failing to accept such work, the doctors replied with a strike. They removed their shingles and suspended all but emergency practice.

Temporarily, the Nazis backed down. The requirement that doctors belong to the Physicians Chamber in order to practice medicine was abolished. But in June came a decree freezing physicians, dentists, and pharmacists in their professions. Strikes by profession-

al men were made punishable by heavy prison sentences, or, in extreme cases, even by death. Those desiring to leave their professions for any reason, even retirement in old age, must first obtain official permission.

Shortly thereafter, the doctors, evidently operating through a widespread underground organization, sent identical letters to Seyss-Inquart protesting the Nazi practice of systematically stripping Holland of food. It is understood that most of the hundreds of physicians who were subsequently arrested have now been released.

Early in August, a "truce" was reported, by which the physicians were permitted to return to practice after they had signed a declaration that their letters did not constitute an "insult" to Seyss-Inquart. But almost coincident with the truce, the doctors of Amsterdam were ordered to make a report of their financial condition, preparatory to the assessment of fines against them for taking part in the protest against looting.

—CHARLES MARTIN

## K-D KONES liberate nascent chlorine ...

FOR  
VAGINAL  
ANTISEPSIS

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PROPHYLAXIS

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DEODORIZING

Advertised solely  
to the profession

Superior vaginal suppositories that are non-toxic, non-irritating, stainless, greaseless. A clinically efficient chlorine compound combined with a neutral white soap-like base ... immediately effective upon introduction. K-D Kones provide sustained activity over long periods through gradual softening and slow liberation of their chlorine content.

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**USED EFFECTIVELY IN THE TREATMENT OF  
Wounds, Burns, Ulcers, especially of the Leg, Intertrigo,  
Eczema, Tropical Ulcer, also in the Care of Infants**

Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petrolatum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces *stabilization* of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities. Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

Desitin Ointment is absolutely non-irritant; it acts as an antiphlogistic, allays pain and itching; it stimulates granulation, favors epithelialisation and smooth cicatrisation. Under a Desitin dressing, necrotic tissue is quickly cast off; the dressing does not adhere to the wound and may therefore be changed without causing pain and without interfering with granulations already formed; it is not liquefied by the heat of the body nor in any way decomposed by wound secretions, urine, exudation or excrements.

## DESITIN POWDER

**Indications:** Minor Burns, Exanthema, Dermatitis, Care of Infants, Care of the Feet, Massage and Sport purposes.

Desitin Powder is saturated with cod-liver oil and does not therefore deprive the skin of its natural fat as dusting powders commonly do. Desitin Powder contains Cod-Liver Oil, (with the maximum amounts of Vitamins and unsaturated fatty acids) Zinc Oxide and Talcum.

Professional literature and samples for Physicians' trial will be gladly sent upon request.



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The iron-protein of OVOFERRIN is non-irritating, highly assimilable.



Iron salts' ions may irritate stomach and intestines.

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THE REQUIREMENTS of a hematinic and tonic in elderly patients are exacting.

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OVOFERRIN fulfills these requirements adequately and well because of its unique colloidal form. Unlike the ionizable iron salt preparations, it is not split up by the gastric juice with release of astringent and irritating ions. Also unlike the iron salts (citrate, sulphates, etc.) it does not form

dehydrating and constipating precipitates which may be difficult to assimilate. It arrives in the intestine as a stable, fully hydrated, colloidal oxide which is readily assimilated.

In over 40 years of world-wide use, it has been observed that OVOFERRIN is not only a rapid blood builder but actually stimulates the appetite and improves the well-being. It is palatable, odorless, and non-staining but it does not rely on sweetening, masking, or coating to achieve these properties. They are inherent in its colloidal state. Dose—one tablespoonful in a little milk or water at meals and bedtime.



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**COLLOIDAL IRON-PROTEIN BLOOD-BUILDER**

In Secondary Anemia, Convalescence, Pregnancy,  
"The Pale Child," and Run Down States

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NEW BRUNSWICK, N. J.

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# You Can Train Your Memory For Names and Faces

*Or so say the self-help prophets,  
and perhaps they are right!*



If you cherish an unalterable aversion for the so-called practical but often silly self-help hints handed out from time to time by the psychologists, you might do well to skip this piece. If, on the other hand, your inveterate (and probably justifiable) skepticism can be held in check, you may discover that in this instance we are dealing with an exception; for it is barely possible that the improve-yourself-by-rule department has unearthed something a doctor should not overlook.

In brief compass, we present the gist of just about all the practical wisdom anyone has ever been able to offer in connection with developing a retentive memory for names and faces.

You probably will have no trouble recalling numerous occasions when the name of a new patient or of a new social contact was blurred and slurred at the moment of introduction. Before the tail of the name vanished into thin air you caught as much as, "Meet Mr. Rob—" What was it—Robinson or Roberts? Baffled, you slurred it, in turn, or avoided addressing your new acquaintance by name,

mentally determining to get it straight later on.

There, say the experts, you made the first error. When you next encounter that person you will fumble in your memory for what was never there. You'll come up with nothing, at least nothing more than "Rob—" Then, assuming that the name must be either Roberts or Robinson, you'll pick one and plunge—only to discover that it's Robbins.

Certainly it cannot be said that your memory was at fault. But the effect is the same, embarrassing to both you and your patient.

Now enters the memory expert with his Principle No. 1, plus a few observations concerning it: *Insist on getting the name correctly the first time.* And remember, no patient was ever offended because a doctor was particular to get his name exactly right. Until you do get it you cannot begin to file your man correctly.

Whether in your office or at a social gathering, ask to have the name pronounced distinctly, and take whatever pains may be necessary to get it correctly. Don't be thrown off balance if the man

WAR DEPARTMENT  
OFFICE OF THE UNDER SECRETARY  
WASHINGTON, D. C.

17 July 1943

To the Men and Women  
of the General Electric X-Ray Corporation  
2021 West Jackson Boulevard  
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I am pleased to inform you that you have won  
for the second time the Army-Navy Production Award for  
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You have continued to maintain the high stand-  
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tion more than six months ago. You may well be proud of  
your achievement

The White Star, which the renewal adds to your  
Army-Navy Production Award flag, is the symbol of appre-  
ciation from our Armed Forces for your continued and  
determined effort and patriotism

Sincerely yours,

*R. P. Patterson*  
Robert P. Patterson  
Under Secretary of War

**G-E STANDARDS ARE SET  
UP TO BE MAINTAINED—  
IN WAR AND IN PEACE**



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you are introduced to mispronounces *your* name. Let him worry about that. Keep your attention focused on the important problem of getting *his* name.

The next step is to *fix the name in mind by vocalizing and repetition*. That's Principle No. 2. Once you're sure you have the correct name, use it in the next remark you make, "Delighted to know you, Mr. Robbins."

The interest you show in Mr. Robbins, and the pains you take to get his name right, make an impression upon him that is vivid and lasting. He feels instinctively friendly; for, after all, you have recognized him as a distinct individuality; and he feels he has made an impression. Without overdoing it, you may find opportunity to use Mr. Robbins' name once or twice more during the conversation. If possible, use the name again at parting, or at least repeat it to yourself.

While absorbing the name by repetition also note the physical characteristics of Mr. Robbins in accord with Principle 3: *Stamp the features and general make-up of the new acquaintance in your mind*. What colors are his hair and eyes? Bald? Nose—large, pug, straight, hooked? Complexion—ruddy, pallid, tanned? Ears—flaring or close-set? Your purpose is to isolate the characteristic that stands out with most prominence. If you were to draw a cartoon of this newest acquaintance, what feature would you exaggerate?

Seize upon the outstanding fea-

ture of his *general* make-up. Observe his mannerisms, his walk, carriage of head and shoulders. Is he a fast or slow talker? Does he stammer? Has he an accent, a soft or gruff voice, an effeminate voice? Is he tongue-tied? Fix on his outstanding traits—and associate them with his name.

Now for Principle No. 4: *Fix the name by related facts and impressions, setting up as many and as varied associations as possible*. Do you know anyone else of the same name? You are familiar with the names of thousands of politicians, business and professional men, celebrities in all walks of life, and many historical characters. You will have no difficulty forming an association with such names as Churchill, Hull, Ford, Hoover, Wallace, Firestone, Washington, Kaiser, and Chaplin.

Is the name identical with or similar to that of a relative of yours—your mother's maiden name, say, or the name of a cousin? If so, tuck that fact away in the back of your mind. Does his face resemble anyone you know, or anyone frequently pictured in newspapers and magazines? Chinless Andy Gump? Nosey Jimmy Durante? Rubber-faced Wallace Beery? Meek Caspar Milquetoast?

Suppose the name of your new acquaintance does *not* belong to anyone you know and his personal appearance suggests no one else's. Then you must set your imagination to work to *build* a connection. You may find, for instance, that his name rhymes eas-

ily, as *Mr. Hawes always snores.*

Can you associate the name with an allusion or slogan or familiar quotation? Tucker: Tommy Tucker sang for his supper. Kelly: Anybody here seen Kelly?

One of the most fertile fields for reference in establishing such an association is advertising. For instance, when introduced to Mr. Kaufman you may think of "not a cough in a carload." And when you meet Mr. Snyder conjure up a fascinating mental picture of him emerging from a shower bath of Snider's catsup! Ridiculous? Yes—but effective.

Some names have more obvious associations. Colors for instance: Black, White, Brown. Animal associations: Fox, Lyons, Wolf. Trades: Baker, Miller, Miner.

As a matter of fact, we are urged to build up as ludicrous, far-fetched, and humorous an association as we can; this is the kind that *sticks*.

Undignified and unfair to fix new names and faces by outlandish associations? Not so long as you tactfully keep to yourself the

means you employ. After all, if you are obliged to ask a patient his name on a repeat visit, you're guilty of something approaching rudeness.

Write down the name of a new patient or acquaintance as soon as you conveniently can do so. This affords a visual as well as an oral image.

In your office, of course, you may have a secretary who will place an appointment card or case history before you, and it's quite easy to ascertain the name of a fairly new patient from that. But meeting a familiar-looking person on the street is something else! Then the associations you have built up around his name and personality will (according to the experts) bring the name instantly to your tongue.

If they are right you will soon be applying these principles with a minimum of effort, perhaps subconsciously. The first hundred names and faces will be the hardest to master. After that you'll do it almost as a matter of habit.

—JAMES S. MC NABB



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Rapid in action and definitely antiseptic, Cystogen is indicated in most non-tuberculous infections of the urinary system. Liberating a dilute solution of formaldehyde in the urinary tract, Cystogen clarifies fetid, turbid urine; eases renal and vesical discomforts; moderates tenesmus and urinary urgency. Well-tolerated, may be prescribed for protracted treatment. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

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# MAZON

*the Preferred*

## DERMAL THERAPEUTIC

*Infantile Eczema*



*Equally effective  
in both  
Infantile  
and  
Adult cases*

Perhaps you already know from clinical reports how Mazon is quickly effective and brings relief to the irritated areas—how the simple treatment with Mazon helps to clear up the affected areas.

*Insist  
upon the  
Genuine*

The success of Mazon has encouraged the marketing of inferior and cheaper imitations.

Protect your patients against these substitutes.

Insist that the patient obtain the original *blue* jar.

Mazon is quickly effective and brings soothing relief to the irritated areas, is anti-pruritic, anti-septic, and anti-parasitic, easy to apply and requires no bandaging.

Mazon often brings surprisingly rapid improvement where the lesions are not caused by or associated with systemic or metabolic disease.

Mazon is indicated in Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin disorders.

*If you have never experienced Mazon's usefulness  
in your own practice—now is the time to test it.*

**BELMONT LABORATORIES CO., PHILADELPHIA, PA.**

**"Pain kills like  
hemorrhage  
by exhausting  
vitality!"**

*Guillaume Dupuytren*



**D**upuytren — the great French surgeon — early recognized that pain is not only a symptom, but a pathogenic, destructive factor as well. This is especially true in hemorrhoidal conditions in which there is both pain and hemorrhage, and in which the venous engorgement is aggravated by the inflammatory reaction of the intensely irritated nerve endings.

The rationale of inhibiting hemorrhoidal pain by prolonged local anesthesia, so as to afford the calmed tissues an opportunity to retrogress to normal, is thus obvious. But practical experience is better than theoretical consideration. Since 1930, in many hundred thousand cases

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enabling sedentary and industrial workers to maintain their mental and physical efficiency.

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## Government Provides Maternity Aid for Service Men's Wives

*Obstetrics program leaves choice of  
physician up to each individual*



Some 100,000 wives of enlisted men are expected to apply for government-financed maternity and infant medical care during the 1944 fiscal year (July 1, 1943 to June 30, 1944). The program, which got underway last April is administered by state health departments in cooperation with the Children's Bureau of the Department of Labor. It is backed by a new \$4,400,000 Congressional appropriation to continue and expand the services as originally set-up.

Treatment of infants is being carried out almost exclusively by physicians who are graduates of Class-A medical schools, although B-school graduates with special training in pediatrics may be used in areas where there are acute shortages of doctors. But a proviso written into the appropriation bill at the last minute (see page 138) leaves it entirely up to the state health agencies to decide who is eligible to practice obstetrics under the program so long as state laws are compiled with. At least one state has already indicated that it will allow osteopaths to participate, and the rider is so broadly worded that state health agen-

cies may, if they choose, admit midwives, as well as chiropractors and other cultists.

The obstetrical program offers the following benefits:

1. Complete medical service, covering the prenatal period, delivery, and care for six weeks after birth. This includes at least five prenatal examinations, treatment of any complications that may arise out of delivery, and consultation by specialists whenever necessary.

2. Bedside nursing care, if required, before, during, and after delivery, either at home or in a hospital.

3. Hospitalization in wards of any institution approved by state health departments. If possible, mothers are encouraged to remain in hospitals for at least ten days after delivery.

The infant-care program provides these benefits:

1. Complete medical care during the first year of life.

2. Nursing care whenever needed during the first year, either at home or in a hospital.

3. Preventive health instruction for mothers, usually at child-health clinic conference. [Turn the page]



## INDUSTRIAL DERMATITIS

### *A New Use for* **GADOMENT**

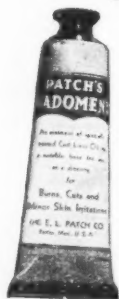
"...most of the occupational diseases encountered in our new war industries are dermatoses."

Schwartz, L., Med. Dir. U.S. Pub. Health Serv.

The increase in dermatoses resulting from solvents, cutting oils, etc., is producing many new uses for

### **GADOMENT** (Patch)

The *Original* American Cod Liver  
Oil Ointment



which has proved its effectiveness in burns, abrasions and various skin affections.

GADOMENT is sterile, bactericidal, stimulating to granulation and epithelization.

For the first-aid kit: Gadolets—small, convenient gelatin applicators containing Gadoment.

**THE E. L. PATCH CO.**  
BOSTON MASS.

Some states provide ambulance service and exceptionally expensive drugs under both programs.

These services are provided for wives of enlisted men in the army, navy, marine corps, and coast guard whenever similar services are not available through medical or hospital facilities of the army or navy, or through state or local health agencies. Service men's wives are eligible regardless of how long they have lived in the state in which they seek treatment and regardless of whether they are able to pay for medical care themselves. Incidentally, Waves, Wacs, and Spars are not eligible unless their husbands are enlisted men.

Doctors are paid directly by state health departments in accordance with fee schedules drawn up by the departments and approved by the Children's Bureau. Patients receive no cash benefits under this plan. The bureau has set a \$50 maximum for complete obstetrical care, although most states have established somewhat lower tops, averaging about \$35. In some states specialists in obstetrics are paid higher fees than general practitioners. Hospitals are paid on a per diem basis worked out through negotiation between them and the health departments.

The bureau has set no definite maximum for medical care for infants, but it suggests that a reasonable figure is \$10 or \$12 for the first week of illness and \$5 or \$6 each week thereafter. Consulting specialists are paid \$5 to \$10 for bedside consultations and \$25 to



## IN THE PROBLEM OF *Dietary Management* UNDER WAR-TIME RESTRICTIONS

The dietary adjustments so frequently required in therapy, may become increasingly difficult under war-time food restrictions. The high protein-high vitamin diet called for in many conditions may not be easily accomplished with available foodstuffs.

New Improved Ovaltine solves the problem of maintaining optimum nutrition under war-time restrictions. It presents a wealth of essential nutrients

—proteins, vitamins, minerals—and caloric energy in easily digested, readily assimilated form. Through the addition of two or three glasses of Ovaltine daily, virtually any deficient diet can be made nutritionally adequate, even in the presence of the increased metabolic demands of acute or chronic illness. The Wander Company, 360 North Michigan Avenue, Chicago, Illinois.

2 KINDS  
PLAIN AND CHOCOLATE  
FLAVORED

NEW IMPROVED

# Ovaltine



Three daily servings (1½ oz.) of New Improved Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*		Dry Ovaltine	Ovaltine with milk*
PROTEIN . . .	6.00 Gm.	31.20 Gm.	COPPER . . . . .	0.5 mg.	0.5 mg.
CARBOHYDRATE . . .	30.00 Gm.	66.00 Gm.	VITAMIN A . . . . .	1500 U.S.P.U.	2953 U.S.P.U.
FAT . . . . .	3.15 Gm.	31.5 Gm.	VITAMIN D . . . . .	405 U.S.P.U.	432 U.S.P.U.
CALCIUM . . . . .	0.25 Gm.	1.05 Gm.	VITAMIN B <sub>1</sub> . . . . .	300 U.S.P.U.	432 U.S.P.U.
PHOSPHORUS . . .	0.25 Gm.	0.903 Gm.	RIBOFLAVIN . . . . .	0.25 mg.	1.28 mg.
IRON . . . . .	10.5 mg.	11.9 mg.	NIACIN . . . . .	4.95 mg.	7.1 mg.

\*Each serving made with 8 oz. milk; based on average reported values for milk.

**SPEEDY-EASY-EFFICIENT**

## TREATMENT FOR FUNGUS INFECTIONS

Speed and efficiency are what count in these busy days. Speed and efficiency are what you get when you treat fungus infections with KORIAM.

The use of KORIAM offers:

**APPLICATION** — the whole treatment takes about three minutes.

**RELIEF** — of pruritus assures patients cooperation.

**FUNGICIDAL ACTION** — in the skin and in direct contact with the fungi.

**COMFORT** — the greaseless, stainless, water-soluble base quickly vanishes into the skin.

KORIAM is available in jars containing 1 oz. net weight. Complete formula and professional literature on request.

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40 Rector Street, New York

**KORIAM**

THE MODERN FUNGICIDE

## A "Natural" Among Estrogens

*Glovarian*  
(Glycerin Ovarian Extract and  
Natural Estrogenic Substance  
in Pill Form — Schieffelin)

Functional dysmenorrhea and menopausal symptoms are often alleviated with Glovarian Pills, a well-tolerated, prompt-acting natural estrogen. Each pill contains the equivalent of 500 I.U. estrone in a natural vehicle.

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Pharmaceutical and Research  
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\$50 if they perform major surgery. An average maternity case, the bureau says, might total about \$85—\$10 for prenatal examination, \$25 for delivery, \$10 for care of the child, and \$40 for hospitalization. However, since fees are set by the health departments, they may vary considerably from state to state.

In order to qualify for treatment, the wife must fill out a blank available at state and local health agencies, and note her husband's service serial number. She is free to choose her own physician. Her doctor signs the blank and then forwards it to the state director of maternal and child health, along with a statement that he will do the work for the established fee and without any additional payment from the patient or her family. The department then notifies the doctor whether or not the case is authorized. In the event of an emergency, treatment may be given before the application is cleared.

The program has already had a three-month try-out. Under a \$1,200,000 appropriation, it was in effect during April, May, and June of this year on a somewhat limited scale. This experience gave the bureau some idea of the probable costs involved when the project gets into full swing. For example, it was found that 91 per cent of the first 5,482 maternity cases involved hospital as well as medical care. During June alone, 11,586 cases were authorized in thirty-three states.

The bureau estimates that at



## *For Inflamed Throat Medication* **CĒPACOL Meets the Physician's Specifications**

If you were to set down your prescription requirements for a topical medicament to the inflamed throat, you would probably insist upon—

**An effective germicide—But non-irritating**  
**A cleansing detergent—But not a soap**  
**An alkaline solution—To neutralize oral acidity**  
**A palatable product—To secure full cooperation by the patient**

*In a word, you would specify*

# **CĒPACOL**

Brand of Alkaline Germicidal Solution

By standard F.D.A. tests, Cēpacol destroys most pathogenic bacteria common to the mouth and throat within 15 seconds after contact, yet is non-irritating to delicate tissue.

The unusually low surface tension of Cēpacol permits deep penetration. Its

foaming detergent action clears mucus. It neutralizes acidity and soothes inflamed tissue.

Pleasantly flavored, Cēpacol is refreshing as well as effective.

Available at prescription pharmacies in pints and gallons.

*Write for sample and literature.*

Founded 1828

# **MERRELL**

*125th Year*

Trade Mark "Cēpacol"  
Reg. U. S. Pat. Off.

**THE WM. S. MERRELL COMPANY**

**CINCINNATI, U. S. A.**

**R<sub>x</sub> Where  
extra food-energy  
is indicated**

*Carbohydrates  
Calcium  
Thiamin*

*Proteins  
Iron  
Niacin*

**BAKED INTO A GOLDEN, DELICIOUS LOAF**

*Use freely... an extra slice  
at every meal*

**T**HIS is no time for a letdown. You, your patients, everyone finds it desirable to keep energy at its peak.

For there is a great drain upon energy these days. People are busier, working harder, crowding volunteer duties on top of hard days at a plant or office.

Physicians know better than anyone the need for replacing this used-up energy. They realize that weakened conditions invite attack from disease.

For replacing this energy the physician looks to the proper foods. In some there are already shortages. Most likely others will become short too. But there is one outstanding food that is plentiful, delicious and well able to supply

a good part of the food-energy intake. This food is bread.

Bread is a rich source of carbohydrates. It supplies some proteins and some minerals. White bread is particularly well liked. And as made today, all white bread is enriched and provides extra amounts of thiamin, niacin and iron.

So where additional food-energy is indicated, we believe you will find bread an excellent prescription. It has been the foundation food for ages. And as supplied today it deserves this position more than ever.



**Bread is basic**

*with meals . . . and in meals*

*Most Good Bread Is Made With Fleischmann's Yeast*

FLEISCHMANN 1868-1943—75 YEARS OF GOOD YEAST FOR GOOD BREAD

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least 300,000 wives of enlisted men will need maternity care during the 1944 fiscal year. It expects about 100,000 of them to apply for federal aid, but it admits that this may be an underestimate. Thus, if the average cost of a case is \$85, and 100,000 women receive treatment, the total cost would be \$8,500,000—considerably more than the \$4,400,000 appropriated. For this reason the bureau expects to ask for additional funds soon after Congress reconvenes this fall.

Under the terms of the appropriation bill, states desiring to par-

ticipate must furnish the bureau with a complete set of plans showing how they intend to carry out the program. For example, they must indicate which hospitals and doctors will be employed, the kind of care that will be given, and what fees will be paid. When their plans are approved, states are allotted funds by the bureau on a month-to-month basis. As this article is being written more than forty states are operating approved plans.

Bureau spokesmen admit that the program may not move along too smoothly at first. There are

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## New Maternity Funds for Cultists

### *Legislative rider lets down bars*

A proviso added to the Children's Bureau appropriation bill (see page 132), passed recently by Congress, now permits midwives, osteopaths, chiropractors, and cultists to treat wives of enlisted men at federal expense.

Until recently the bureau had authority to require that all doctors treating patients under any of its programs be graduates of Class-A Medical schools. States were obliged to comply with this ruling in order to receive government funds. Now, so far as maternity care to wives of service men is concerned, this authority has been swept away.

It may or may not be a coincidence that the wording of the proviso in the new bill is almost identical with that proposed during hearings on the bill by Law-

rence L. Gourley, counsel for the American Osteopathic Association. The proviso reads:

"... no part of any appropriation contained in this title shall be used to promulgate or carry out any instruction, order, or regulation *relating to the care of obstetrical cases* which discriminates between persons licensed under state law to practice obstetrics..."

Except for the italicized phrase, which was added on the floor of the House, this wording is exactly the same as that suggested by Gourley.

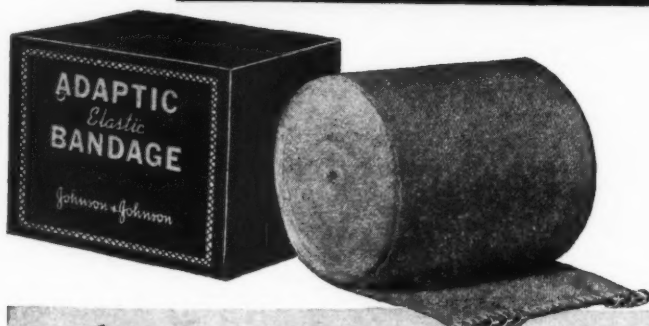
As a result, the bureau can no longer insist that only M.D.'s be permitted to practice obstetrics under its program. It must now make its funds available to any person authorized by state law to do this work.

## ADAPTIC *preferred!*

The ADAPTIC BANDAGE, as an elastic, rubberless support, is recommended for use in strains, sprains, and various joint ailments; in the treatment of varicose veins; to hold large wound dressings in place; in the prevention and treatment of certain muscular injuries; and in other instances where this approved bandage will provide elastic support with comfort.

Available in four convenient widths

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When an adhesive elastic bandage is required, Elastikon is recommended



**Johnson & Johnson**  
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several reasons why this may be so. In the first place, both the bureau and the state departments are in a rush to get the plan into operation. In the second place, state agencies have had little experience with maternity plans of a similar nature. And in the third place, because of the manpower situation there is a lack of administrative machinery to keep the wheels turning. In a very real sense, the bureau is starting from scratch in this field. These difficulties will be overcome as rapidly as possible by a permanent consulting staff of nine physicians (most of them pediatricians and obstetricians), six nurses, and six medical social workers, who are visiting state health departments to help them set up sound programs.

—WILLIAM R. BRUCE

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### Alice Hamilton

[Continued from page 46]

so she appealed to the young Assistant Secretary of the Navy, Franklin Delano Roosevelt, who adroitly presented the matter to the admiral in such a way that he could reverse his decision without losing face.

This enabled her to send trained investigators into plants where mercury fulminate and percussion booster charges were made. They brought shocking conditions to light.

Thereafter Dr. Hamilton was invited to join the faculty of the Harvard Medical School as assistant professor of industrial med-

icine, though Harvard was regarded as the stronghold of masculinity against inroads by women. Acting on a judicious hint, she promised before her appointment was confirmed not to insist on her right to use the Harvard Club, not to march in the procession or sit on the platform at commencement. Most important of all, she committed herself by all the laws of God and man not to demand her quota of football tickets. Once appointed, Dr. Hamilton divided her time between Harvard and the Department of Labor; at that time she was studying poisons in the steel and coal industries for the government.

The difficulties that contemporary women doctors faced never bothered Dr. Hamilton. As a matter of fact in her work her sex was a help because "it seemed natural for a woman to put the case of the producing workman ahead of the value of the thing he was producing; in a man that would have been sentimentality or radicalism."

Dr. Hamilton visited Russia in 1924 at the request of the Soviet Department of Health to make a survey of what that country was doing in industrial hygiene. Russians believed that, being an American, the doctor had never seen anything except highly mechanized processes. When she told them that farmers near her home in Connecticut used oxen to plow and harrow they smiled incredulously, and countered with an anecdote about the Commission for the Electrification of All Russia, which had on its office door a no-



"But my children  
need more meat!"



"How can I get  
enough fruit juices?"



"I just can't afford  
enough fresh vegetables!"

## How are your patients affected by Food Shortages?

Chances are they're finding it more difficult to maintain the well-balanced diet which is so vital to health. Yet busy physicians can't be expected to work out the rationing problems of each individual patient. To help insure nutritional well-being . . . to prevent minor ailments resulting from vitamin-mineral deficiencies in the diet . . . many doctors today suggest Vimms.









### Why so many doctors recommend Vimms

- 1. All essential vitamins in proper balance\*** . . . Three Vimms supply minimum daily requirements of all six vitamins.
- 2. All the minerals commonly lacking** . . . Vimms supply generous quantities of Calcium, Phosphorus, Iron.
- 3. Potency guaranteed** . . . Vimms potencies are chemically and biologically controlled. Their stability is insured.
- 4. Priced for all patients** . . . Pleasant-tasting Vimms tablets cost only 50¢ for 24 tablets; \$1.75 for 96; \$5.00 for 288.

For clinical samples, please write to Lever Brothers Company, Dept. ME-13, Pharmaceutical Division, Cambridge, Mass. (Offer good in U. S. A. only.)

\*Jour. of the A.M.A., July 18, 1942.

### 3 Vimms a day supply (In terms of a good food source of each vitamin and mineral)

5,000 USP Units VITAMIN <b>A</b>  as much as 20 pats BUTTER	1.0 milligram VITAMIN <b>B<sub>1</sub></b>  as much as 3/4 lb. cooked LIVER	2 milligrams VITAMIN <b>B<sub>2</sub> (G)</b>  as much as 3/4 QUART MILK	30 milligrams VITAMIN <b>C</b> as much as 5 oz. TOMATO JUICE	500 USP Units VITAMIN <b>D</b>  as much as 1 1/2 tsp. COD LIVER OIL	10 milligrams VITAMIN <b>P-P</b> (Niacin Amide)  as much as 1/2 lb. STEAK	375 milligrams <b>CALCIUM</b> as much as 1 1/2 oz. Amer. CHEESE  250 milligrams <b>PHOSPHORUS</b> as much as 1 1/2 EGGS  10 milligrams <b>IRON</b> as much as 2 cups SPINACH 
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# Vimms

All the vitamins known to be essential  
All the minerals commonly lacking in the diet

tice: "Please knock. The bell does not work."

Dr. Hamilton's inspection of Moscow's industries disclosed that there were no proper seats for women at work, no rest rooms, no pause for lunch in the seven-hour day. Speaking to an official she commented on this long fast and was told, "No break in the working day is needed. In Russia, women do not tire as they would under a capitalist system, for here they work for their own benefit."

Back in America, Dr. Hamilton made an investigation of industrial poisoning in the viscose-rayon industry in 1937-38. In the course of manufacture, carbon disulphide is used and hydrogen-sulphide fumes are given off. Abroad, she had seen cases of such poisoning which slowly brought on paralysis of the legs and others which induced manic-depressive insanity.

Stories now came to her of acute insanity among workers in American viscose plants. One of the largest companies and two smaller ones voluntarily put physicians in charge to look for early symptoms, and assigned engineers to reduce exposure to dangerous fumes as much as possible.

Then the newspapers began to publicize Dr. Hamilton's investigation, and the country became aware that viscose-rayon manufacturing was a dangerous trade. In the next three years Dr. Hamilton saw health-conservation measures adopted in the industry more rapidly than in any other phase of her experience. New methods were

devised by engineers to prevent the escape of fumes, and it became the custom for chemists to make routine tests of air in the plants to determine whether the carbon disulphide or hydrogen sulphide in it had reached the danger point.

Health protection was late in starting in the viscose-rayon industry, but when it came the measures taken were thorough.

Industrial medicine has come a long way since the first World War, Dr. Hamilton says in her autobiography, "Exploring the Dangerous Trades."

"We are deep in the second World War... the picture has altered beyond recognition," she writes. "Our engineers have learned how to produce and use dangerous poisons without exposing the workers. We no longer have the bursting pipes and unexpected outpourings of gases that used to go with nitration processes, and the removal of poisonous solvent fumes is far more efficient. As for medical care, where earlier there was a dearth of experts now there are hundreds of physicians who know what to do and are doing it."

As much as any other one person Dr. Hamilton contributed to this achievement. As gentle as she was firm, she fought for three decades with courage and gallantry, often against great odds. Without her womanly indignation, compassion, and zeal, the story of the control of poisons in the dangerous trades might have been entirely different.

—JOHN L. PARSONS



For quick hemoglobin gain,  
ready absorption and easy toleration  
*even by fasting stomachs*

prescribe  
**Fergon**  
Stearns Ferrous Gluconate



*Now available as a palatable  
5% elixir in 6-oz. bottles as  
well as in 5-grain tablets in  
bottles of 100, 500 and 1000.*

**Frederick Stearns & Company**



*Since 1855 . . . ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM*

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## Nebraska Ranchers Find Way To Beat Doctor Shortage

*Two hundred rural families support  
center with physician and nurse*



A unique health project, financed largely by local ranchers, storekeepers, farmers, and businessmen, has solved an acute doctor shortage in the heart of the Sandhills of Nebraska. A physician and nurse are now in Thedford (pop. 88) to serve an area with an average population of two persons to the square mile. They were brought there by The Sandhill Region Public Health and Medical Association, 200-odd families who pay \$30 a year each for medical care.

Residents of the Thedford area faced a desperate situation four years ago when the town's only doctor died. Sickness involved a fifty-mile drive to the nearest physician, or mileage charges of at least \$30 to have one come to Thedford. The nearest hospital is still about 100 miles away over rough roads.

In 1939 the University of Nebraska's College of Agriculture invited the Farm Foundation of Chicago to analyze the state's rural-health problems. The results, published in a booklet distributed to 1,700 home-demonstration clubs in Nebraska, shocked the farmers

into action. That summer about forty-five of them drove some 400 miles to attend a conference at Lincoln, where a State Health Planning Committee, composed of representatives of the state medical association, the health department, the university, and rural organizations, was formed.

The committee decided to concentrate first upon the Thedford region, rich as cattle country, but utterly lacking in medical facilities. It sent representatives to confer with local citizens. As soon as they learned what was in the air, the townspeople organized meetings and discussion groups and came up with a plan based upon a \$12,000 annual budget. As finally evolved, it called for \$6,000 from 200 families, each paying \$30 a year; \$4,000 from the state health department; \$1,000 in fees for extra services and from nonmembers; and fees amounting to \$1,000 from schools—for vaccination of children—and from counties and the state to provide medical treatment for persons on relief or receiving old-age pensions.

A membership drive began in May 1942. Dr. R. H. Loder, of the



**MUSCLES DRIVE THE RIVETS**

*Eases and comforts tired aching muscles*

THE MODERN RUB-IN



MINIT-RUB — counterirritant, analgesic, decongestive — will help you to keep the sinews of America's manpower working more efficiently. MINIT-RUB acts promptly to wake up sluggish circulation and clear congestion. By reflex action it brings soothing, warming, refreshing relief beneath the surface. Valuable in simple myalgias and neuralgias; in local congestion of uncomplicated colds. Stainless, greaseless, vanishing and economical.

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state health department, and Ralph Price, a cattle trader, barnstormed over 600 miles of the Sandhills persuading families to join up. In six days they had 175 pledges. Later 150 people attended a general meeting at which a proposed constitution was accepted.

The association, set up as a non-profit, cooperative organization, opened its medical center in August 1942. At the head of a board of trustees of ten is John Swift, a rancher. Other members include a dirt farmer, two grocers, two bankers, a druggist, and three other ranchers. These men handle all financial arrangements.

Considerably more than 200 families now belong. For their annual dues they receive a complete annual physical examination (exclusive of X-ray) for each member of the family; immunization and vaccination against smallpox, diphtheria, typhoid, whooping cough, and tuberculosis; a minimum of one home visit each year for instruction on general health problems and sanitation; office consultation, diagnosis, and treatment; dressings and drugs (except insulin and biologicals); and laboratory service.

In addition, the nurse visits homes to help families carry out the doctor's orders, and makes regular calls on persons with special problems, such as pregnancy.

There is a small charge for extra services. For example, home visits by the doctor average about \$1; complete obstetrical care costs \$10. Nonmembers are charged the

regular rates prevailing for general practitioners in rural Nebraska. All fees go to the association. The doctor is paid an annual salary of \$4,200, plus \$75 a month for traveling expenses.

Chosen by the association for qualifications recommended by the state health department, Dr. L. W. Elwood was the center's first physician. However, ill health forced him to resign after a few months, and he was replaced by Dr. Norton Bare, a graduate of the University of Nebraska College of Medicine, who spent a number of years as a missionary in China.

Dr. Bare and the nurse have been given an office in a hotel. He spends one morning each week in Seneca (about the same size as Thedford); another morning in Halsey (about half as large); and one morning every two weeks in the tiny town of Brownlee (pop. 40). The rest of the time he spends in his office or on outside calls.

The Sandhill Region Public Health and Medical Association seems to be on a sound financial basis. Some 226 families enrolled just four months after the membership campaign got under way.

The State Health Planning Committee, meanwhile, is attempting to get other Nebraska rural regions to follow the association's example. It shouldn't be a difficult job. As Chairman Swift says:

"We don't run things very parliamentary out here. Whenever something comes up that needs to be settled we boys get together."

—B. H. THORNE



## Metamucil

**REFLEX STIMULATION  
OF BOWEL FUNCTION  
THE "SMOOTHAGE" WAY**

**Metamucil** provides a method of relieving colonic stasis in harmony with natural processes.

It avoids the harsh effect of irritating laxatives and roughage, the dehydrating and explosive action of salines, the leakage and vitamin-absorbing properties of oil.

### The "Smoothage" Way—

- aids normal bowel function
- protects the mucosa against irritating food residue

The highly purified, non-irritating extract of *Plantago ovata* (Forsk) combines with a special dextrose base to mix easily with aqueous liquids. Palatable and acceptable to all patient types.

**Indications**—Chronic constipation, various forms of colitis, pre- and post-operative cases, hemorrhoidal conditions, the constipation of pregnancy.

**Average dose**—One rounded teaspoonful, stirred in a glass of milk or other liquid, followed by an additional glass of liquid.

*Supplied in 1 lb., 8-oz. and 4-oz. containers.*



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# SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

# The News-vane



## Summer Babies Best

Summer is not only the most auspicious time for babies to be born, but also the season when the best of them start life. A study made by the Metropolitan Life Insurance Company indicates that summer babies are better equipped to withstand the hazards of early infancy; statistics show a minimum of deaths among them from causes or conditions attributable to congenital defects.

Winter and spring apparently are the seasons least favorable to the unborn child, according to the study, for the rate of stillbirths is higher in the first five months of the year than in July, August and September. The trying effects of winter upon the health of pregnant women is believed to be a major factor. Maternal mortality is higher by about 20 per cent in the first six months of the year than in the last six.

The company's data show that the mortality rate of very young children from causes due to environmental conditions, particularly the communicable diseases of early infancy, is lower in summer. However, the situation with regard to gastrointestinal diseases is different; in this particular, babies born in October and November appear to fare best.

## Internes Ride No More

The wartime expedient of substituting trained attendants for internes on ambulances has worked out so well in an eighteen-month trial in

New York City that internes probably never will be used for this work again, according to recent reports from the municipal and privately owned hospitals.

Dr. Edward M. Bernecker, Commissioner of Hospitals, declared that ambulance calls had declined 59 per cent under the new system. In 1941, the year before the change, there were 503,646 calls; in the first six months of this year there were 147,009, or an estimated rate of 294,018 for the year. Dr. Bernecker recalled that many persons formerly felt that the simplest way to obtain medical treatment was to call an ambulance and get quick, free service.

## Health Broadcasts Go On

Health-education broadcasts, made more important by wartime problems, are being continued, despite the depleted ranks of local medical societies, with electrical transcriptions made available by the American Medical Association's Bureau of Health Education.

Two sets of transcriptions are being lent to state and county medical societies and to approved local groups. By arrangement with local medical societies, the programs are also available to radio stations, health departments, voluntary agencies, parent-teacher organizations, and other community groups.

The first series, "American Medicine Serves the World at War," is composed of complete interview recordings which require no local par-

ticipation. The second, "Before the Doctor Comes," can be used without local participation in ten minutes' radio time, or with local participation in fifteen minutes. Instructions accompany the records.

No charge is made for local use of the records, but they are not lent without authorization of the local medical society. The only cost is a nominal charge, ranging from 50 cents to \$1.50 (according to the distance from Chicago) for return expressage.

### New Outpatient System

As a remedy for congestion and tedious waiting in hospital outpatient departments, an appointment system is now being used successfully in London. In Guy's Hospital, where 75,000 outpatient cases were handled last year, a patient or his doctor may make an appointment in person, by telephone, or by letter. Such appointments are made in hourly blocks so that no patient need wait longer than an hour. Fewer are made for members of the teaching staff than for the house doctors, to give ample time for instruction.

One advantage of the system, according to reports from abroad, is its control over the number of patients to be seen, which makes it easier for

the doctors and nurses to lay out the day's program.

### Ambulance Bodies Donated

Because most cities have insufficient ambulances to meet emergency demands in the event of an air attack, the Office of Civilian Defense is distributing 800 four-stretcher ambulance bodies to cities in the target area. Civilian Defense Director James M. Landis has announced that a body will be donated to each selected community after the ODT has been notified that a chassis will be furnished for it. The body can be mounted on the rear part of a Ford, Chevrolet, or Plymouth four-door sedan, models 1939-41, after the part of the body behind the front seat has been removed.

### 90-Hour M.D. Hailed

The overworked doctor is the forgotten man on the home front, carrying more than his share of the wartime load, Wally Boren writes in his column in This Week magazine.

"I just read an ad about a factory where the hands is workin' as much as sixty or seventy hours a week. The ad said that they just won an army an' navy 'E' flag an' claims that they are 'All-out for Victory.'

"Well, seventy hours a week is an

## RIB-BACK BLADES ARE SUPERIOR

Their uniformly keen cutting edges are more durable, hence are capable of providing a longer period of satisfactory service. This means conservation of critical materials as well as economy in maintaining blade consumption at a practical minimum.

**SUPERIOR SHARPNESS**

**ADEQUATE RIGIDITY**

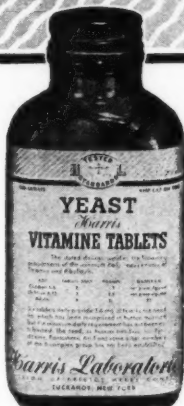
**GREATER STRENGTH**

**UNIFORMITY**

**BARD-PARKER COMPANY, INC.**

DANBURY, CONNECTICUT

HARRIS VITAMINS ARE NEVER PROMOTED TO THE PUBLIC



# YEAST VITAMINE TABLETS (*Harris*) *contain*

## NATURAL Source B Vitamins

VITAMIN reports include many authoritative statements in favor of B vitamins from a natural source. A recent authority<sup>1</sup> states that we should always combine our single vitamin therapy with some B-complex preparation, preferably a natural one. Within the complex B group are certain unidentified substances which can be secured only through use of preparations derived from natural substances.

YEAST VITAMINE TABLETS (Harris) contain all factors of the water-soluble B-complex group as found in

the native state. Source material is brewers' yeast. No synthetics added. High concentration makes massive oral doses possible.

### HARRIS VITAMIN PREPARATIONS NOW EMBRACE:

**Halamult • Halapan  
Halaplex • Haladee • Lamilets  
Nicotinic Acid • Vitamin C  
Vitamin B<sub>1</sub> • Vitamin B<sub>2</sub>**

<sup>1</sup>L. Emmet Holt: Pennsylvania Medical J., February 1943



**PRODUCERS OF VITAMINS  
FOR MEDICAL USE SINCE 1919**

**HARRIS LABORATORIES** Dept. F  
Tuckahoe, N. Y.

I would like a trial package of Yeast Vitamine Tablets and information on new HARRIS Vitamin Preparations.

Name

Address

City  State

**GRATEFUL RELIEF** IN **POLLEN ALLERGY...**

**E**PHEDRINE—plus active and aromatic emollients, in an adherent oily base—impart unusual efficacy to this preferred nasal spray for quick, soothing relief of the acute sense of local irritation in pollinosis cases. **Formula:** 'Pineoleum' with Ephedrine incorporates ephedrine (.50%), camphor (.50%), menthol (.50%), eucalyptus oil (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly-refined liquid petrolatum. **Available:** in 30 cc. dropper bottles and 1 pt. pharmacy bottles—and in jelly form also. Try it today!

The Pineoleum Co., 8 Bridge St., New York

**PINEOLEUM with EPHEDRINE**  
REG. U. S. PAT. OFF.

IN THE TREATMENT OF

**Varicose Ulcers** IT'S

**CRURICAST**  
Ready-to-Use

**UNNA'S BOOT BANDAGE**  
EFFECTIVE—ECONOMICAL

 **BEFORE TREATMENT**

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UNNA'S PASTE in ready-to-use bandage form—no heating, no painting, no messiness. Simple and easy to apply. Combines support and local dressing.

The soft but effective support of CRURICAST bandages stimulates granulation of the ulcer margin. Also effective in treatment of eczema, lymphedema, phlebitis, chronic thrombophlebitic induration. Excellent for partial immobilization.

Made by  
**E. K. DEMMEL COMPANY**  
39-11 47th Avenue, Brooklyn, N. Y.

Original Picture Courtesy of Dr. L. A. Braunstein, N. Y.

awful lot of work an' I guess they got a right to feel 'All-out.' But I also reckon Doc Morris' ninety hours or more a week entitles him to be *all in*. An' that Greek fellow, name of Hippocrates, the patron saint of the doctors, ought to get up-to-date an' pass out a few medals."

## Vitamin D Patents Void

Patents covering the manufacture of Vitamin D have been declared invalid by the U.S. Circuit Court of Appeals in a California case. The University of Wisconsin Alumni Research Foundation is said to have collected more than \$7,500,000 in royalties from the patents, under which 250 licenses were issued to commercial users of the university's formula.

## More Food for Hospitals

Hospital patients may have all the food they require, whether or not they are on special diets, the Office of Price Administration has ruled. Special instructions to this effect were issued to all local rationing boards following complaints that some boards had based supplemental food allotments on special-diet patients only. The OPA advised, however, that the availability of fresh vegetables and fruits and unrationed items be considered in computing the amounts of supplemental processed foods for hospitals.

## Disability Data Curtailed

To save doctors' time, a "proof of disability" blank is being distributed by the Ingham County (Mich.) Medical Society for use in answering requests for information from insurance companies and similar agencies. A notation on the blank specifies that

# WHEN PATIENTS NEED IRON



AS THE CHART at right shows Brer Rabbit New Orleans Molasses is second only to liver as a *food source* of available iron.

Three tablespoons of Brer Rabbit Molasses, added daily to the diet, supply about 3 mg. of available iron. The amount of molasses may be varied at your discretion. Penick & Ford, Ltd., Inc., New Orleans, La.

For a **delightful drink** rich in iron and calcium recommend: **BRER RABBIT MILK SHAKE** . . . made by adding 1 tablespoonful of Brer Rabbit Molasses to a glass of cold or warm milk. Three milk shakes a day are recommended.

## BRER RABBIT MOLASSES IS SECOND ONLY TO LIVER IN AVAILABLE IRON CONTENT

(Available Iron per 100 Grams)



additional information may be obtained for a \$2 fee. The idea was prompted by physicians' complaints that requests for more information than seemed to be necessary were taking up too much of their budgeted time.

### **Parking Permits Denied**

A plan to issue special permits to Cincinnati physicians, to enable them to park their cars when on emergency calls without risking summonses for violating traffic regulations, died aborning recently because of the emphatic opposition of the city manager.

### **Hospitals' Troubles Grow**

After losing a large proportion of their doctors, nurses, and technicians, many hospitals now are additionally handicapped by a dearth of nonprofessional personnel, such as receptionists, waitresses, librarians, elevator operators, switchboard help, and stationary engineers. In New York City, the United Hospital Fund appealed recently for 3,000 men and women volunteers to give even as little as two or three hours a week to help keep the hospitals going.

New York hospitals have lost from 10 to 15 per cent of their nonprofessional employees. One institution is unable to use all of its beds. Parts of another have had to be closed. Two hospitals cannot use their operating rooms. Still another must close its restaurant on Sundays.

So urgent was the hospital fund's appeal for volunteers that it said no questions would be asked as to age or experience.

### **Women Doctors Spurn Army**

The response of women doctors, since army commissions first were made available to them last May, has been slow. Only ten had been commissioned up to August 1, although the army is still some 7,000 doctors short of the number needed for minimum essential care.

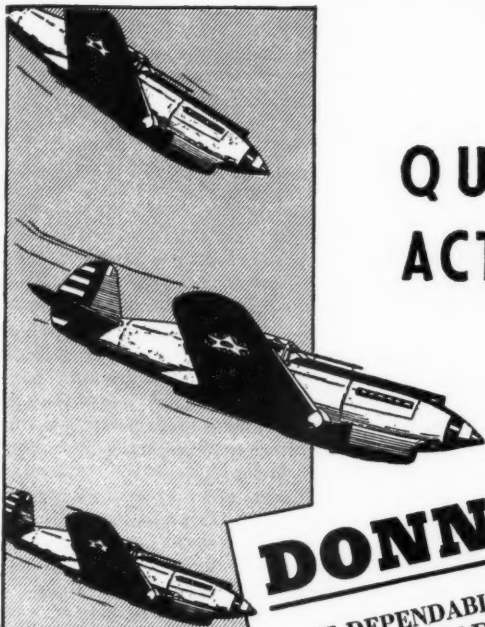
Women doctors contend that the army itself is to blame for the dearth of applications in that it failed to make known the procedure leading to a commission, the prerequisites for applying, and the nature of the opportunities open to them. They point out that, before commissions became available to women, many of them found important positions on the home front, which they are now reluctant to leave. M.D.'s just out of school, without practices or family responsibilities, find a keen civilian demand for their services in hospitals and industrial institutions, often with retainer fees amounting to as much as \$500 a month, it is said.

Another source of resentment among women doctors and medical students has been the fact that, although army and navy personnel now constitute more than 80 per cent of all medical school students, women remain in the 20 per cent group, along with the men who cannot qual-

**ALKALOL**

FOR *Milder Medication*





# QUICK ACTION!

## **DONNATAL** Robins

### THE DEPENDABLE ANTISPASMODIC & SEDATIVE

DONNATAL is a dependable antispasmodic and sedative which acts quickly, soothingly and effectively on the higher nerve centers to influence the autonomic nervous system. Its administration over prolonged periods does not jeopardize the margin of safety in spastic conditions, epilepsy, angina pectoris, dysmenorrhea and hyperemesis. The belladonna alkaloids possess separately desirable attributes; in a combination such as DONNATAL, these activities are accentuated and prolonged. In bottles of 100 tablets. Literature and samples on request. Address Dept. ME 9-43.

#### **FORMULA**

*Each Tablet  
Contains*

**PHENOBARBITAL** — 1 gr.  
**BELLADONNA ALKALOIDS**  
(hyoscyamine, atropine  
and scopolamine) equivalent  
approximately to 5  
minims of Tr. Belladonna.

**A. H. ROBINS Co., Inc.**  
Pharmaceutical Specialties  
RICHMOND, VIRGINIA

ify for military service, and so must pay for their own medical education. Male students are inducted into the army from the time they enter medical school, but the women cannot join the service until they have their degrees and are eligible for commissions.

Miss Dorothy Kenyon, legal adviser to the committee on commissions for women physicians of the American Women's Medical Association, summed it up this way:

"The situation as it now exists is an accident of the Selective Service Act, and it came about with no intention on the part of anyone to discriminate against women. The remedy is not simple. Obviously, the government cannot give free education to women over whom it has no control. It cannot draft women for the medical corps as it can men. Neither can the women enlist or be sworn in as officers at the beginning of their medical training.

"But some preliminary declaration of intention could be worked out which would guarantee that the women were willing to serve the country, if need be. If they were not needed at the end of the war, their status would be no different from that of the men who had received a free medical education, but were no

longer needed by the armed forces."

Meanwhile, the army is urgently soliciting women's applications for commissions, assuring them that they will not be assigned to the Wacs or to routine medical examinations, but will have a reasonably good chance of finding a place with the general forces.

### Taxi vs. Doctor

A one-man pressure group against the granting of extra gasoline rations to doctors emerged in Washington recently in the person of a taxi driver who contends that his driving is more essential than that of most physicians. He distributed to his passengers copies of a letter containing the following statements:

"Recent press reports indicate that Senator McCarran is under the impression that local doctors need lots of gasoline to visit their patients. That is a joke. The local M.D.'s do very little visiting. The patients must come to them—even when they have broken limbs. How do they do it? Very simple—by taxicabs.

"During my thirty-three years of cab driving in this city, I estimate that cabs have done at least 98 per cent of the ambulance work here. If a patient is able to hobble or crawl, he uses a cab to get medical atten-

*Harrowell*

Endocrines

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# THE FOILLE SIMPLIFIED BURN TECHNIC

## IN LINE WITH RECENT FINDINGS\*

*S*URGICAL therapy with Foille as outlined in literature to the physician suggests the following procedure:

### RECENT BURNS

Avoiding the delay of debridement, immediately apply Foille saturated dressings to burned surfaces, keeping moist with frequent applications. It is not essential that initial dressings be disturbed for first 48 hours. Hamilton\*\* employs compression dressing to deeper, extensive lesions, leaving undisturbed from ten to fourteen days.

This is in line with the simplified technic used by Cope,\* who states—"We did not debride the burn wounds because . . . the intact epidermis over the blebs protects against the entrance of bacteria, and because bleb fluid does not become contaminated by virulent organisms harbored in bland crypts." This technic possesses obvious advantages over "tanning" methods which necessitate time-consuming and painful debridement and cleansing.

## FOILLE

*Available in 2-oz., pints, quarts, gallons, 5-gallon bottles.*

Distributed through Surgical Supply Houses, Wholesale Druggists, Pharmacists and Mine Safety Appliances Company of Pittsburgh.

\*COPE, O.: The Treatment of the Surface Burns, *Annals of Surgery*, 117:885-893, (June) 1943.

\*\*HAMILTON, J.E.: A Comparative Study of Local Burn Treatments, *Amer. J.Surg.*, 58:350-364, (Dec.) 1942.



## CARBISULPHOIL COMPANY

3118 SWISS AVENUE ★ DALLAS, TEXAS, U. S. A.

CHICAGO • NEW YORK • LOS ANGELES • BIRMINGHAM

## The Newer Concepts of Meat in Nutrition

# Meat

## and Protein Needs under Total War Effort

THE ever-growing list of broken production records, and the widespread participation of the civilian population in war activities, give accurate evidence of the increased physical effort demanded of workers and civilians alike. In the final analysis, the ability to cope with the added strain of all-out war is directly dependent upon the nutritional state.

While increased energy expenditure requires an added intake of carbohydrate and fat, the sum total of the metabolic processes must be maintained at normalcy in order to make possible this greater physical effort. Protein requirements, while not increased by augmented mus-

cular activity, must nevertheless be fully satisfied for optimum physical efficiency.

To this end, meat is advantageously utilized by the organism. Its complete protein supplies all the essential amino acids, and enhances the biologic value of the incomplete proteins derived from other sources. Furthermore, meat provides generously of the B complex vitamins which are needed in greater amounts during periods of increased physical exertion; it also supplies the essential minerals iron, copper, and phosphorus. Meat is a valuable and nutritionally economical component of the diet, whether served hot on the table or cold in the lunch box.

*The Seal of Acceptance denotes that the statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.*



**American Meat Institute**  
CHICAGO

tion. That is because the cab is the lowest-priced ambulance in the world. Therefore, I say the cabs should get the gas the doctors want."

## Tax Complexities

A revolt against the pay-as-you-go income-tax system is brewing as a result of complicated overlapping requirements, a confused assortment of taxes, and oppressive paper work, according to the Tax Foundation of New York.

The foundation is a nonprofit organization devoted to tax surveys and recommendations. Among its trustees are Paul Hoffman, president, Johns-Manville; A. W. Robertson, chairman, Westinghouse Electric; and Charles R. Hook, president, American Rolling Mill.

"The revolt will not be against the weight of the taxes but against the foolish and needless reporting, computing, and other paper work involved," said Harley L. Lutz, professor of public finance at Princeton, in outlining the program in the Foundation's current tax review.

The program is:

1. Absorption of the full victory tax into the withholding rate.
2. Designation of the new withholding rate as the normal tax rate, replacing the present normal tax (6 per cent), first-bracket tax (13 per cent), and victory tax (5 per cent).
3. Elimination of the requirement to file a year-end return in all cases where there is no income other than wages or salary and where there is no liability for surtax.

Mr. Lutz also forecast a revolt "against the deception involved in implying that the tax at source" has placed taxpayers on a current basis.

"The 1943 act relieves no one from the obligation of filing a return under

the 1942 act on or before March 15, 1944," he is quoted in the New York World Telegram.

"The tax on income for the preceding year must be computed in accordance with the provisions of that act. This includes the victory tax at 5 per cent."

Three per cent of the 20 per cent withholding is supposed to represent victory tax, but a full 5 per cent tax must be computed when returns are filed.)

The first step toward simplification, he believes, should be absorption of the victory tax.

"That tax has served its main function, which was the introduction of the withholding principle," he explained. "An appalling amount of bookkeeping is ahead for the Bureau of Internal Revenue if the victory tax is retained. There must be established and maintained individual records for upward of 40 million taxpayers."

He termed the pay-as-you-go plan a "worthy achievement" and said "it will be most unfortunate if the confusion and complication of the present tax structure should lead to a public reaction against the withholding principle—particularly since that principle would be an innocent victim."

## State Medicine Deferred

At a recent meeting of the Council of the California Medical Association in San Francisco, representatives of the Federal Public Housing Authority were asked what would happen if the California Physicians' Service—a voluntary, prepayment medical plan—were to withdraw from the field. The reply was that the federal agency then would have to look to the United States Public Health Service to

send in government physicians for the work.

The Bulletin of the Los Angeles County Medical Association reports this colloquy in listing, for physicians, some of the assets of the medical-service plan. But for this service, it declares, "you would at this time in all probability be practicing under a system of compulsory health insurance operated by your state. Only because the physicians' service was actively in the field, offering some type of coverage, has it been possible to forestall such a disaster.

"Whether the service succeeds largely, modestly, or fails dismally is entirely in your hands," the statement continues. "It has its faults, but they are being eliminated just as rapidly as possible. What you do with this venture is of nationwide importance. There are many hoping and working and leaving no stone unturned to the end that you will fail, for then it can be said that the doctors of medicine are really not interested in the welfare of the rank and file of their patients—have given only half-hearted, desultory attention to the economics of medicine, and therefore the government must employ its own program."

### Licensing Laws Eased

In the hope of attracting qualified doctors and nurses, many legislatures have relaxed state restrictions. Delaware, Maine, Nevada, New York, and Pennsylvania have authorized

the issuance of temporary permits to physicians licensed in other states. Kansas now permits medical students to finish their courses in three years instead of four. Delaware and Pennsylvania sanction nine months' internship instead of a year, while Michigan has empowered its state board of registration in medicine to modify prescribed educational requirements.

Nurses from other states now are permitted to practice in Kansas and Oklahoma. In Montana and Wisconsin, retired nurses may be relicensed temporarily without re-examination. Oklahoma has amended its nursing law so that war-hospital training may be shortened, and to make graduate nurses eligible for registration without state-board examinations after honorable discharge from military service.

### Photographs Eye Interior

Medical officers of the Royal Canadian Air Force are now using photographs of the interiors of fliers' eyes as an aid in determining when a deficiency of riboflavin exists. This follows the development of numerous cases of eye trouble induced by long flights over sunlit areas or snowy expanses.

Heretofore it has not been possible to photograph the interior of the eye, because the brilliance of light required would injure the organ. However, Wing Commander Harold Pearce devised a camera which is

# COOPER CREME

*No Finer Name in Contraceptives*

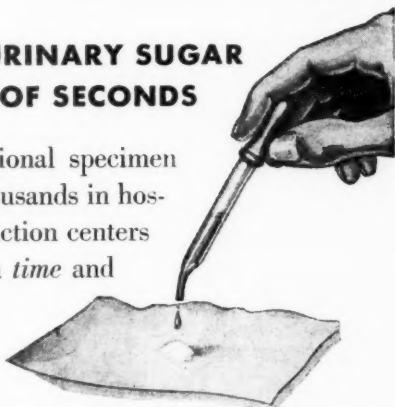
WHITTAKER LABORATORIES, INC.

NEW YORK, N. Y.

# ROUTINE URINE ANALYSIS SIMPLIFIED!

## GALATEST MAKES URINARY SUGAR TESTING A MATTER OF SECONDS

WHETHER it's the occasional specimen in your office—or thousands in hospitals, war plants and induction centers—you can cut corners on *time* and *bother* with Galatest.



## HOW TO MAKE A COMPLETE URINE SUGAR TEST IN

# 30 SECONDS

Step 1. A little Galatest powder

Step 2. One drop of urine

If sugar present—color reaction instantly

***And that's all there is to it!***

Diabetics welcome this dry reagent. At home or away from home, Galatest makes it easier for your patients to carry out their routine tests for urine sugar. The handy, portable Galatest kit contains everything the patients require for a complete sugar test. Send for descriptive literature.

**NO  
BOILING**

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MEASURING**

**NO  
TEST TUBES**

**NO  
BREAKAGE**

*Galatest*

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THE AMERICAN MEDICAL ASSOCIATION

**THE DENVER CHEMICAL MFG. COMPANY**  
163 Varick Street, New York, N. Y.

# STARTING THE SCHOOL YEAR...

## F O R T I F I E D

Refreshed by a long vacation period—plenty of health-building sun, fresh air, exercise—children are going back to their classrooms fortified to withstand the rigors of late Fall and Winter.



So that there will be no let-down in their general health and resistance, maintenance of a thoroughly adequate daily diet is important.

Such a diet should include basic food elements plus the important "protective" factors, and it is therefore suggested should include a daily intake of one pint or more of

### HORLICK'S FORTIFIED

Horlick's is delicious whether prepared with milk or with water.

Also ideal for between-meals' feeding—Horlick's Tablets—available in conveniently carried (25c) oval flasks.

*Recommend*

# HORLICK'S



used in conjunction with a special flash mechanism designed by Prof. Harold Edgerton of the Massachusetts Institute of Technology. The device produces a flash of 2,000,000 watts but since it lasts for but 1/30,000 second there is no injury to the eye. From observation made possible by photographs, RCAF physicians are now prescribing additional milk, cheese, and riboflavin-containing vegetables for fliers susceptible to eyestrain.

### Shanghai's Insulin Story

The story of how 500 diabetics in Shanghai got their insulin after the Japanese captured the city and seized all its drugs, should become a classic illustration of the unswerving perseverance of the scientist, even in wartime. Risking the enemy's wrath and using crude, makeshift equipment, a Scottish chemist, A. N. Walker, manufactured the drug in dramatic secrecy.

He found the procedure in the Reports of Connaught's Laboratories, Toronto, Volume 10, which was provisionally available, but he had none of the centrifuges, filter presses, and other equipment normally used. His substitutes were muslin bags—the kind his mother had used in jelly making—and glass bottles in place of vacuum pans. Though the Japanese controlled all meat, Walker bribed an inspector to divert a daily supply of pancreas.

The chemist then set out to make an alcoholic extract. After a hundred hours of work, aided by coolies, he was successful. Then he concentrated it and chilled it to prevent decomposition. Since alcohol also was under Japanese control, Walker had to recover his after use. The director of a German medical school was per-

suaded to lend equipment for testing Walker's product. Finally a Korean biologist approved and standardized the insulin—and reported the facts to the Japanese.

Tokyo was consulted and its authorities unexpectedly permitted Walker to continue, provided he'd make insulin for the Japanese too. When the chemist left Shanghai, a repatriate, his plant was prepared to fill the city's insulin needs.

### Alias Diamond Dick

Diamond Dick is dead. He died when Dr. Richard Tanner breathed his last at the age of 74 in Norfolk, Neb., recently. It was back in the nineties that Diamond Dick became famous throughout America for his feats of marksmanship in circus performances. But he quit the circus in 1910 to become a country doctor in Nebraska, and few of his patients knew of Dr. Tanner's glory until, in 1925, he brought out his buckskin costume again and rode in an American Legion rodeo.

### Free Hospitalization

New York's Hospital for Joint Diseases gave nearly two-thirds of his medical and surgical services free last year, according to an announcement of Frederick Brown, president of the institution. A total of 6,377 patients received 111,279 days of hospital care, of which 71,078 were free.

### Fuel Rationing and Health

Indoor winter temperatures slightly lower than the customary level, are safe and healthful, says Joel Dean, director of the Fuel Rationing Division, Office of Price Administration. He bases this conclusion on a year's experience with fuel rationing.

[Turn the page]

Dean declares a nineteen-state survey has indicated that no impairment of public health resulted from fuel rationing last winter, that the present ration order needs only minor adjustment to satisfy all public-health requirements.

Alarming reports of illness, epidemic, and death reached OPA headquarters from time to time, Dean reports, especially during the first few months of winter, but no fatalities were found to be attributable to fuel rationing, nor could any epidemic be linked to the regulations, he says.

### Age-Weight Link Discarded

There is no "ideal" weight for all men of a given height, the Metropolitan Life Insurance Company has found in a study of the relation between weight and longevity. Many physical characteristics naturally result in variations in body weight, and these factors are considered in a table issued by the company, giving favorable weights at each inch of height for three separate body types (slight, medium, and heavy). The table applies to all men of 25 or older, with no distinction for age.

Weight tables commonly used in the past, based upon average weights

and allowing for a progressive increase with age, showed a rise of twelve pounds between the ages of 25 and 50, even for men of medium height. Statistical investigation has shown such increases to be undesirable, the company reports.

"Excess mortality increases with the degree of overweight," the report says. "Those with 20 per cent overweight show mortality approximately one-third higher than average; those with 30 per cent overweight, approximately one-half higher; those with 50 per cent overweight show mortality practically double that for average weight. The contrast, especially after midlife, is greater if comparison is made with underweight men, whose mortality is even lower than that of average-weight men. These comparisons, unfavorable as they are to overweight men, are based upon the best of the group. If all overweights were included, their unfavorable longevity would be even more pronounced."

### Free Podiatry at Clinic

A free podiatry clinic for men and women in the armed services has been opened in New York City under the auspices of the New York State

USE

**LAVORIS**

**For Your Own Safety**

When colds threaten, use the best mouthwash daily

# Its clinically successful record speaks for this Baby Cereal!



Qualified infant nutrition specialists developed Gerber's Strained Oatmeal. It is made in the Gerber laboratories, under ideal manufacturing conditions subject to constant strict supervision. Its clinically successful record and enthusiastic acceptance by mothers are a natural consequence.

## 5 Important Advantages

1. **NUTRITIONAL VALUES.** This cereal is fortified with Vitamins of the B complex as well as iron.
2. **LOW FIBRE CONTENT.** This cereal is processed to be suitable for the delicate intestinal tract of infants as young as three or four weeks. The percentage of fibre present in the dry cereal is exceptionally low. When mixed with milk, it is even lower.
3. **SMOOTH CONSISTENCY.** When infants are first given cereal, consistency is very important. Gerber's Strained Oatmeal has been developed to mix to a smooth, creamy consistency.
4. **APPETIZING TASTE.** Special attention was paid to the taste of Gerber's Strained Oatmeal. How infants appreciate that good flavor as they grow older!
5. **EASY TO SERVE.** This cereal is pre-cooked. Simply add hot or cold milk or formula according to the consistency desired.

### IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

	Thiamine mg.	Iron mg.
Minimum daily requirement.....	0.25	7.5
Recommended allowance.....	0.4	7.5
One ounce Gerber's Strained Oatmeal.....	0.37	12.0

Calories per ounce: Gerber's Strained Oatmeal 110.



UNRATTIONED

# Gerber's

*Baby Foods*

CEREALS • STRAINED FOODS  
CHOPPED FOODS

GERBER PRODUCTS CO.  
Dept. 229, Fremont, Mich.

Gentlemen: Kindly send a complimentary sample of Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

Name .....

Address .....

City ..... State .....

Podiatry Society. Seven patients were treated on the first day, including a member of the Canadian Women's Army Corps who had turned her ankle while looking up at the Empire State building. Patients may arrange special appointments.

### 'Indiscreet Comment'

The patient, a nine-year-old girl, died of double pneumonia twelve hours after reaching the hospital. Subsequently her parents wrote to the San Francisco County Medical Society, accusing their family physician of neglect. "After her death, the hospital doctor told us it was too bad they did not get her in time," the letter said.

The letter was printed recently in the society's bulletin, with comment by Dr. Sidney J. Shipman, president of the organization. In part he wrote:

"It can be seen at once that unguarded remarks were made after the patient reached the hospital. Physicians at large should be cautioned again about making statements which arouse resentment or distrust in the minds of the patient or of his friends or family . . . receipt of such a letter serves to emphasize the fact that in these trying times . . . it is natural that short cuts are taken and that er-

rors occur which can be attributed largely to haste and fatigue. It is still necessary to practice as good medicine as we can under the circumstances."

### Allergy Research Lags

One of the medical fields adversely affected by the war is allergy research, reports David Dietz, science editor of the Scripps-Howard newspapers. He finds this research at low ebb because many allergists have been called into the armed forces and put at other work, and because military requirements have directed research into other channels.

"A great deal has, of course, been done in the last twenty years to understand and treat allergies," Mr. Dietz remarks. "But we have learned during the present war how scientific progress can be speeded up when funds and trained men are made available for a piece of research. The number of men specializing entirely in allergies in peacetime did not exceed a few hundred. There is obviously room for much work in this field in the days after the war."

### Pictures in This Issue

Pages 36, 37, U.S. Marine Corps; page 45, Little, Brown & Co.

*Amend's*  
**SOLUTION**

**SAFER**  
especially when  
iodine is needed  
over long  
periods

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## Anything Goes

[Continued from page 43]

first-licensed. Only forty-four physicians may practice in the principality at any one time—unless there's an earthquake or an epidemic, or something.

Turkey provides that a physician shall not "engage in active commerce," and he may maintain only one office in addition to the one located in his residence. If, by any chance, he is jailed for more than five years, his diploma is rescinded—four years and eleven months in the jug apparently being no worse in the eyes of the licensing authorities than a much-needed rest.

If you're thinking of going to Portugal to practice, you'd better be a dentist as well as an M.D. Portuguese laws require all dentists to be doctors of medicine; hence, if you were the only physician in a small Portuguese community, your medical reputation would suffer were you obliged to refuse treatment to a patient with a howling toothache.

In the Dominican Republic, the qualifying examination is in Spanish—but you may fetch an interpreter along. In Costa Rica, on the other hand, no interpreter is

mentioned in the list of regulations; so there, unless your Spanish is good, you'd be flirting with a flunk. Egypt allows you to take the qualifying exam in English, French, Italian, or Arabic; if you fail to pass, you can try again in eleven months; but if you flunk twice you're out.

Mr. Moto has thought of everything: A physician from a foreign country may practice in Japan, after passing Japanese examinations, provided his country issues medical licenses to Japanese doctors *without* examinations. Only the British, before the war, were excused from taking the exams.

Some countries, including Nicaragua, British Guiana, and Mexico, permit authorized laymen to practice medicine in places where there is no physician. In Persia (now Iran), licensed doctors include some who follow the teachings of the ancient Persian and Greek physicians. In India, there are various types of unlicensed, self-styled "doctors" who are either self-taught or have "inherited" the title.

In a number of African states, including Nigeria, Northern Rhodesia, Nyasaland, Sierra Leone, Tanganyika Territory, Togoland, the Gold Coast, and Uganda, the

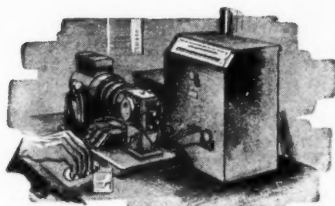
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mum daily adult requirement)  
Vitamin D (Activated Ergosterol) 800 U.S.P. units  
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law permits duly trained persons to use native systems of therapeutics. In many parts of Australia, and in the Solomon Islands, unregistered laymen are allowed to practice medicine but are forbidden to use the title of doctor, to sue for fees, to hold public appointments, or to give certificates.

Prior to 1933, anyone could practice medicine in Germany provided he didn't hang out a shingle claiming to be a *Doktor*—the official title of those who had received *Approbation*.

Here in our own country, a license that may yet become a collector's item is the one authorizing physicians to practice in our national parks—Yellowstone, Yosemite, Sequoia, and some others. It covers the needs of that vanishing American, the tourist.

Over most of the world, graduates of American medical schools are recognized as being qualified for physicianship. An exception is India's Bombay Province, which gives the nod to only *three* of our institutions: Columbia, Pennsylvania, and Stanford. Similarly, New York is the only one of our 48 states whose standards are acceptable to Barbadoes.

Most countries specify that the applicant for a license must be of

"good character," but in the Virgin Islands the law is more specific: it says that no habitual drunk need apply!

—FRED B. HULL

## AMA Council


[Continued on page 35]

tions bureaus of the AMA, it also specified that if this personnel is inadequate the board of trustees shall furnish the council with all required facilities.

Asked when results might be expected, a member of the council replied that "In my opinion, we can not expect important results before the next annual meeting of the House of Delegates in 1944. That will give the council time for substantial progress in framing proposals for new forms of medical service that will meet the needs of the times and for an energized public relations program.

Chairman of the council is Dr. Louis H. Bauer of Hempstead, N.Y. The committee handling its program of activities comprises Dr. A. W. Adson, Rochester, Minn.; Dr. W. S. Leathers, Nashville; and Dr. J. R. McVay, Kansas City, Mo. Other members of the council are Dr. J. H. Fitzgibbon, Portland, Ore.; Dr. E. J. McCormick, Toledo; and Dr. Olin West, Chicago.

—CHARLES WINTERS

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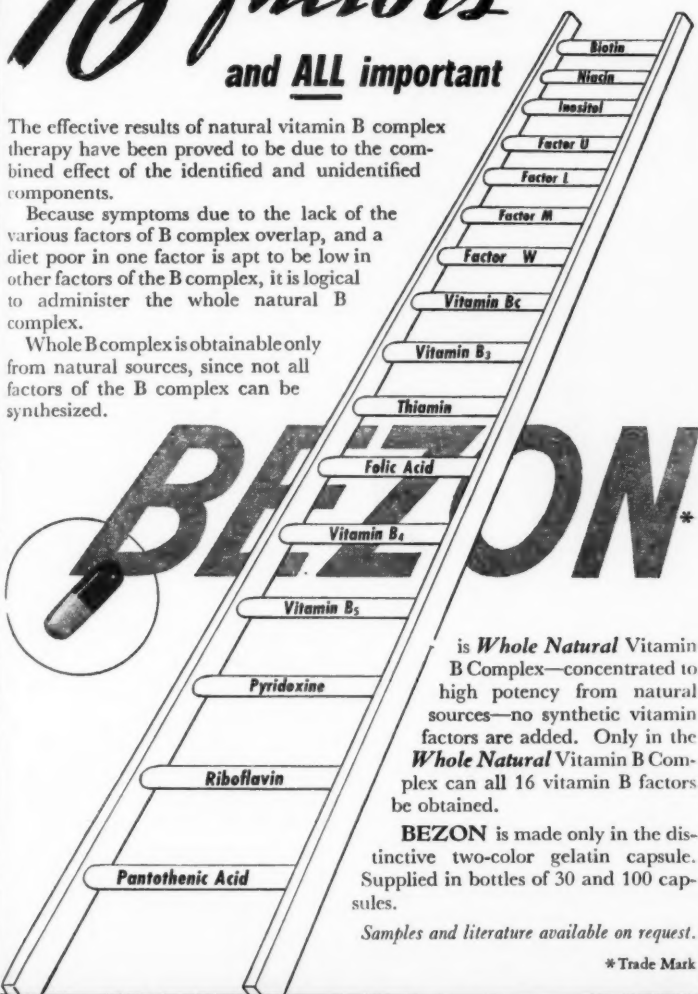
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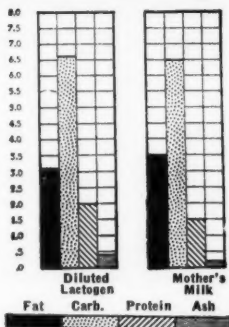
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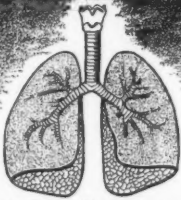


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